



# INTERNAL JABSOM EVENT REQUEST

INSTRUCTIONS: Fields must be type filled using Adobe Acrobat Reader and completed by the primary department administrator. Hold mouse over field for additional instructions. Obtain all signatures before submitting to Dean's Office, 4th floor, or faxing to 808-692-1267. **Incomplete forms will not be processed.**

DATE

## EVENT NAME

JABSOM DEPT. \_\_\_\_\_

PROGRAM NAME \_\_\_\_\_

FAX \_\_\_\_\_

CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

ADDRESS (mailing) \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

**Do you want this listed on the e-Bulletin Board?**

## DETAILS

ROOM

If other: \_\_\_\_\_

TECHNOLOGY USE (fees may apply)

- Projector
- PC
- Video
- Teleconference
- Conference Phone
- Other:
- Media (DVD, VHS, etc...)
- Internet Access
- Audio Reinforcement

DATE

HEADCOUNT

FOOD

START TIME

SET UP TIME (If applicable)

END TIME

BREAKDOWN (If applicable)

JUSTIFICATION

## TERMS OF USE

(By signing below I acknowledge and agree to the terms and conditions of the Kakaako Facilities Usage Policy. As the reservation Sponsor, I am responsible for any and all damages/loss to the facility, equipment, furnishings, and any fees associated with this event.)

- Room must be restored to its original condition.
- The user must properly bag and dispose all trash upon completion of the event.
- Room requested may not be available. Request is not final until confirmation is given.

\*[Student requests require faculty advisor approval]

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
DEPARTMENT Chairperson

\_\_\_\_\_  
DATE

## SCHEDULING OFFICER USE ONLY

Approved Room Assigned: \_\_\_\_\_

Disapproved Reason: \_\_\_\_\_

\_\_\_\_\_  
Scheduler

\_\_\_\_\_  
DATE