

# BIOMEDICAL SCIENCES BUILDING EVENT REQUEST

## 1. Event Details

Requesting Organization: \_\_\_\_\_ Students Attending? Yes No  
 Event Description: \_\_\_\_\_  
 If a Student event name(s) of dept. approved staff/faculty providing oversight: \_\_\_\_\_

## 2. Event Requestor and Contacts

Name(s): _____	Phone: _____	Cell Phone: _____	Event Contact?	Email Address:
_____	_____	_____	Yes No	_____
_____	_____	_____	Yes No	_____

## 3. Times

Date(s):	Set up time:	Event Time:	Clean up time:	Expected Attendance:
BMS Broad-Bussel Atrium _____	_____	_____ to _____	_____	_____
Other: _____	_____	_____ to _____	_____	_____

## 4. Event clean up (PPD may require an event fee for custodial services and supplies)(separate from rental fee)

\*Call 392-1121 to create a workorder – someone will call you to discuss. <https://www.facilityservices.ufl.edu/get-help/event-services/>  
 PPD Work Order Number: \_\_\_\_\_ Signature agreeing to funding PPD as requested: \_\_\_\_\_

## 5. Atrium Audio / Video (meeting to go over AV for planning is suggested) (computer is not provided)

Will AV be needed for the event? Yes No  
 Description of needs: \_\_\_\_\_  
 Wireless Mic: \_\_\_\_\_ Projection Screen & Projector: \_\_\_\_\_ Playing music from device: \_\_\_\_\_  
 Lavalier Mic: \_\_\_\_\_ Balcony monitors: \_\_\_\_\_ Laptop at podium: \_\_\_\_\_

## 6. Food / Alcohol – Approved forms are required for approval of space

**A. Are you serving food?** Yes No Details: \_\_\_\_\_  
 \*Note event coordinators are responsible to follow all UF Rules and Regulations regarding food. University of Florida Request to Provide Food  
**B. Are you serving Alcohol?** Yes No  
 \*Required form to serve Alcohol: <https://www.dso.ufl.edu/documents/alcoholevent.pdf>

## 7. Signature and rental fee approval

Required forms to serve alcohol and food must be submitted, approved, and returned along with a copy of this form no later than 7 business days before the event. It is up to the event requestor to make sure the forms are completed, and all UF regulations are adhered to regarding the event. The event host (SVPHA) is not responsible for lack of preparation and due diligence in adhering to regulations by the event requestors.

**By signing below the requestor agrees to the BMS Atrium use policy and all applicable UF policy, regulations, and procedures. The undersigned is also aware that an invoice will be received, and will be paid within 30 days, for the use of the space.**

Rental Fee: \$ \_\_\_\_\_ (contact building manager for fee)

BMS Event Space Rental Cost	UF HSC Student Groups	UF HSC Groups	UF Groups	Non-UF Groups
Broad-Bussel Atrium	\$150	\$300	\$500	\$1000
JG32 Seminar Room**	\$50	\$50	\$100	\$250

Signature for requesting Dept. College: \_\_\_\_\_ / \_\_\_\_\_  
(Signature) (Print name) Date

Signature for requesting organization if a student event: \_\_\_\_\_ / \_\_\_\_\_  
(Signature) (Print name) Date

## 8. Approval

\_\_\_\_\_ Date

Final Approval Signature SVPHA Authorized Representative