

**FACILITIES EVENTS PLANNING**

**SPS ROOM SETUPS/EQUIPMENT MOVES**

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| |  | | --- | | **INSTRUCTIONS:** This checklist is to assist you in preparing for your event at the University of Southern California. Included are the most common services Facilities provides. Please check all areas that are applicable to your event. All hourly labor charges are listed in each section. Some services requested before 7:30AM or after 3:00 PM during the week may require additional labor charges. Less than 48 hr. requests are charged a $125.00 Last-Minute Fee. Please return Checklist to address below.  **\*\*OUR POLICY IS YOUR EVENT MUST BE *PAID IMMEDIATELY UPON RECEIPT OF YOUR INVOICE*, OR YOUR EVENT MAY BE CANCELED\*\***    **Revd. 7.30.19 Please initial \_\_\_\_\_\_\_\_\_** | |

**UPC/HSC Facilities Events Planning:**

**Phone Number: 213-740-3361**

**3450 S. Vermont, LA CA 90089-2590, FPM 100**

**Email:** [**fms-evtp@usc.edu**](mailto:fms-evtp@usc.edu)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EVENT INFORMATION - \*Required** | | | | | | |
| **Name of Event:** | **\*** |  | | | | |
| **Event Permit Number:** | **\*** |  | | | | |
| **Location(s):** | **\*** | (must have address) | | | | |
| **Date(s) of Event:** | **\*** |  | | | | |
| **Event Description:** | **\*** |  | | | | |
| **Number of Attendees :** | **\*** | **Number?** \_\_\_\_\_\_\_ **Is Food Being Served?** **Yes**\_\_\_\_ **No**\_\_\_\_ | | | | |
| **.** | | | | | | |
| **EVENT TIMES - \*Required** | | | | | | |
|  | | | | | | |
|  |  | ***Day*** |  | ***Date*** |  | ***Time*** |
| **Event Setup:** | **\*** |  |  |  |  |  |
| **Event Begins:** | **\*** |  |  |  |  |  |
| **Event Ends:** | **\*** |  |  |  |  |  |
| **Event Breakdown:** | **\*** |  |  |  |  |  |
|  | | | | | | |
| **EVENT CONTACT INFORMATION - \*Required** | | | | | | |
|  | | | | | | |
| **Name:** | **\*** |  | | | | |
| **Address:** | **\*** |  | | | | |
| **Student Organization Name:** | **\*** | Advisor: | | | | |
| **Telephone #:** | **\*** |  | | | | |
| **Cell Phone #:** | **\*** |  | | | | |
| **Email:** | **\*** |  | | | | |

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| **1. SPECIAL SERVICES (Banner hanging, move jobs, room set-up, boxes)**  **$46.20 per hour during normal hours of 7am-3:00pm, Monday – Friday**  **Before/after-hours and weekends are charged on an overtime rate of $69.30** | **“X” if Services are Needed** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Date** | **From** | **To** | **Item(s) # of boxes, other** |
| **Move OUT :** |  |  |  |  |
| ***(Furniture, equipment, etc.)*** |  |  |  |  |
| **Move BACK IN*:*** |  |  |  |  |
|  |  |  |  |  |
|  | **Date** | **Time** | **Location (Be Specific)** | |
| **Room Setup:** |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  | **Date** | **Time** | **Size** | **Location (Be Specific)** |
| **Banner Hanging:** | Pick up Banner |  |  |  |
|  | Hang Banner |  |  |  |
|  | Remove Banner |  |  |  |

***Please provide specific details below for the services needed –Diagram Required***

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**Requester Signature: Date: \_\_\_\_ \_\_\_\_**

***This request form must be signed, or your event will not be processed.***

***By signing this page, you acknowledge responsibility for all rentals and/or services requested on this checklist, including payment for services. No substitutions for payment are allowed.***