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Special Event Request Form – ECHA Occupants

Do not advertise your event until you have confirmation that your event has been accepted

CONTACT INFORMATIO	N			
Date of Request:				
ECHA Unit/Department/F	aculty hosting event:			
Event Contact Name:				
Email:		Phone Ext:	Phone Ext:	
Event Name / Title: Type of function: Provide short description	of event:		Date of function:	
Actual event time:	Start:		End:	
If access outside of busing	ness hours is required	I, contact your FAC	:A	

Event Set-up:

If different than above

Event Tear down/Clean-up:
If different than above

Note: Include adequate set-up/tear down time into event planning to avoid affecting other bookings.

Target audience (invitation will be extended to):

Estimated number of attendees:

Speed-code: Should additional cleaning or repair services be required, the event coordinator will be

consulted before any charges are made.

Note: At this time, custodial charges apply to events held on administrative levels between Friday 3:00 pm through to Sunday 5:00 pm, or upon request.

EDMONTON CLINIC HEALTH ACADEMY

REQUESTED SPACE(S):

Public Levels (L1, 1 & 2) (7 am - 7 pm weekdays; 8 am - 5 pm weekends):

Requestable by students and staff

Mainstreet Level 1:

Specify areas below:

All Midway Points Northeast Entrance (Starbucks) Southeast Entrance (Tall Counter Alcove)

Mainstreet Level 2:

Specify areas below:

All Midway Points North Pedway (ECHA/MSB) South Pedway (ECHA/LRT)

Level 2 Cafeteria:

Specify areas below:

Alcove Nook Only Entire Cafeteria Space

CATERING:

Event catering: Food & Beverage Beverage only None

Caterer/ Service Provider:

Is Alcohol being served? YES NO

*If Yes, a liquor permit must be obtained.

ADDITIONAL INFORMATION FOR SPACE USE:

(Will you be bringing music, microphones, presenters, requests for boards/ easels, tables, etc.)

EDMONTON CLINIC HEALTH ACADEMY

REQUESTED SPACE(S):

Administrative Levels (M-F, OneCard access only):

Requestable by staff only

Events NOT permitted during administrative hours:

- Poster presentations or other academic events involving learners of any level
- Retirement, awards and other such events, including pin ceremonies and memorials
- Welcome back / end of year events
- Requests for events from learners of any level, including student groups on the administrative levels, would be declined. Requests would be considered with conditions of use.
- Events disruptive to the work environment (loud, etc)

If the event includes the lunch hour, can other ECHA employees eat lunch in the YES NO atrium/patio?

North Atrium:

Have you booked 3-140: YES NO Open the glass walls: YES NO See note below

Have you booked 3-150: YES NO Open the glass walls: YES NO

The following areas of the North Atrium are closed to staff during this event:

FULL ATRIUM NUTRITION NOOK STAIRS SEATING

North Patio: (Note: Patio is closed between November - April)

GLASS WALL DETAILS:

If you are requesting that the glass walls of 3-140 and 3-150 be opened, you will be responsible for putting in a work requisition and providing your own speedcode to have that done. In the extra details section of the work requisition, include "attn. Quentin Pacholik" to ensure the work is tagged to the correct individual. Please ensure that you submit this two weeks in advance of your event.

South Atrium:

The following areas of the South Atrium are closed to staff during this event:

FULL ATRIUM NUTRITION NOOK STAIRS SEATING

South Patio: (Note: Patio is closed between November - April)

CATERING:

Event catering: Food & Beverage Beverage only None

Caterer/ Service Provider:

Is Alcohol being served? YES NO

*If Yes, a liquor permit must be obtained.

ADDITIONAL INFORMATION FOR SPACE USE:

(Will you be bringing music, microphones, presenters, requests for boards/ easels, tables, etc.)

EVENT SUPPORT & APPROVAL (all requesters must fill this out)

Functions in ECHA must be supported and approved by a member of the senior administration of the faculty/department/unit hosting the event. Signing acknowledges that the request has been reviewed and is supported and approved, as it is in keeping with the accepted space use guidelines.

EVENT APPROVED: I have reviewed the event request and on behalf of the senior administration, acknowledge that it is approved and supported.

Name of APO/designate in senior administration role reviewing event request:				
Name:				
Role:				
Email:				
	SIGNATURE OF APPROVER	DATE		