Pavilion A Auditorium Presenter’s Request Form

Presentation / Lecture / Meeting / Performance

Requesting Department: _______________________________________________________

Event Name: ________________________________________________________________

Date(s) of Event / Presentation: _________________

Time(s) of Event / Presentation:
Beginning Time _________________  End Time _________________

Target Audience: ____________________________________________________________

Expected Number of Participants: _________________

Note: The Pavilion A Auditorium has a seating capacity of 300

Contact/Organizer Name: ____________________________________________________
Address: _________________________________________________________________
Phone: _____________________ Fax: _____________________
Email: _____________________

Contact on Event Date: _____________________________________________________
Mobile Phone Number: _____________________________________________________

AUDIOVISUAL NEEDS: (please specify below)

Presentation/Lecture/Meeting
_____ Projector and Screen with in house PC (Win XP with internet access)
   (Bring your presentation on USB Flash/Thumb Drive)
_____ Projector and Screen with your own PC/Mac (VGA connection at podium)
_____ Podium (with stationary microphone)
_____ Wheelchair Accessible Podium (with stationary microphone)
_____Wireless microphone (lavaliere___ or handheld___)
_____Movie Player (Blu-ray___ or Standard DVD___)
_____Video Broadcast to UK Healthcare Patients rooms (Channel 50)
_____Video Recording to DVR (please give details)

_______________________________
_____Cable TV viewing
_____Audio Conference-call (please give details)

_______________________________
_____Video Conference-call (please give details)

_______________________________

Musical/ Concert:

_____In House Sound Board
_____In House Light Board
_____In House Piano
_____Video Recording requested
_____Event open to the public
_____Monitored event entrance (tickets

Theatrical Performance:

_____In House Sound Board
_____In House Light Board
_____In House Piano
_____Video Recording requested
_____Event open to the public

Please note: UK HealthCare does not provide ticketing services for events. If you wish to provide tickets/passes for your event it must completed by the individual/organization/department responsible for the event.

Food/catering note: Food and beverages are not permitted inside the Pavilion A auditorium. If you would like to discuss the possibility of serving food/refreshments at your event please contact Laura Atherton through her contact information below.

COMMENTS:

________________________________________________________________________

__________________________
Please complete this form electronically and save it and email it to laathe2@uky.edu

Or mail or fax to:
UK HealthCare Chandler Medical Center
Hospital Administration
800 Rose Street, Room N102
Lexington, KY 40536-0298
Phone (859) 323-5982
Fax (859) 323-2044

The requested event reservation is not confirmed on the calendar until final approval is granted by the Chief Administrative Officer.

Request Approved:________________________________________________________________

Ann Smith, Chief Administrative Officer