



# Institute for Extended Learning FACILITY SCHEDULING REQUEST

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The IEL Facility Scheduling Request can be submitted to the appropriate building manager or facilities coordinator listed below by doing one of the following:

- Fill in online, save, and then attach to an e-mail to send
- Print the form and hand deliver
- Print the form and interoffice

<b>Adult Education Center</b>	Denny Glass	279-6207	MS 3028	<a href="mailto:Denny.glass@iel.spokane.edu">Denny.glass@iel.spokane.edu</a>
<b>Colville Center</b>	Donna Jo Smith	279-6704	MS 3092	<a href="mailto:Donnajo.smith@iel.spokane.edu">Donnajo.smith@iel.spokane.edu</a>
<b>Hillyard Center</b>	Denny Glass	279-6207	MS 3028	<a href="mailto:Denny.glass@iel.spokane.edu">Denny.glass@iel.spokane.edu</a>
<b>IEL Lodge</b>	Kelly Long	279-6259	MS 3090	<a href="mailto:Kelly.long@iel.spokane.edu">Kelly.long@iel.spokane.edu</a>
<b>IEL Magnuson Building</b>	Cheri Johnson	279-6236	MS 3027	<a href="mailto:Cjjohnson@iel.spokane.edu">Cjjohnson@iel.spokane.edu</a>



# Institute for Extended Learning FACILITY SCHEDULING REQUEST

Reference No. \_\_\_\_\_

College Facility Use Agreement No. \_\_\_\_\_

Name of organization \_\_\_\_\_

Purpose of event \_\_\_\_\_

Date of event \_\_\_\_\_ Hours \_\_\_\_\_ Number to attend \_\_\_\_\_

Requested by \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature of person making request \_\_\_\_\_ Today's date \_\_\_\_\_

### FACILITY REQUESTED - IEL

- Adult Education Center
  - Room \_\_\_\_\_
- Colville Center
  - Room \_\_\_\_\_
- Hillyard Center
  - Room \_\_\_\_\_
- Institute for Extended Learning (Bldg 9)
  - Room \_\_\_\_\_
- Magnuson
  - Room \_\_\_\_\_
  - Hallway \_\_\_\_\_

X \_\_\_\_\_  
Signature - Facility Director Date

### SPECIAL SERVICES REQUIRED

- Parking permits required
  - Quantity \_\_\_\_\_
  - Pick up  Send
- Food service
  - Number of people \_\_\_\_\_
  - Breakfast  Lunch  Dinner
  - Other \_\_\_\_\_
  - Setup \_\_\_\_\_
  - Time \_\_\_\_\_
  - Place \_\_\_\_\_

### MEDIA EQUIPMENT

- |  |                |
|--|----------------|
| <input type="checkbox"/> Computer                                | Quantity _____ |
| <input type="checkbox"/> Overhead projector                      | _____          |
| <input type="checkbox"/> Video projector                         | _____          |
| <input type="checkbox"/> VCR <input type="checkbox"/> DVD player | _____          |
| <input type="checkbox"/> Sound system - built-in                 | _____          |
| <input type="checkbox"/> Sound system - portable                 | _____          |
| <input type="checkbox"/> Amplified lectern                       | _____          |
| <input type="checkbox"/> Floor microphone                        | _____          |
| <input type="checkbox"/> Table microphone                        | _____          |
| <input type="checkbox"/> Wireless microphone                     | _____          |
| <input type="checkbox"/> Lapel mic                               | _____          |
| <input type="checkbox"/> Screen—built-in                         | _____          |
| <input type="checkbox"/> Screen—portable                         | _____          |
| <input type="checkbox"/> Teleconference phone                    | _____          |
| <input type="checkbox"/> Cassette recorder                       | _____          |
| <input type="checkbox"/> ITV                                     | _____          |
| <input type="checkbox"/> Elmo                                    | _____          |
| <input type="checkbox"/> Other _____                             | _____          |

X \_\_\_\_\_  
Signature - Technology Services Date

### MISCELLANEOUS EQUIPMENT

Facilities Scheduling Office will coordinate all items checked below.

- |   |                |
|---|----------------|
| <input type="checkbox"/> Tables   | Quantity _____ |
| <input type="checkbox"/> Chairs   | _____          |
| <input type="checkbox"/> Flip chart   | _____          |
| <input type="checkbox"/> Staging  | _____          |
| <input type="checkbox"/> Risers (4' x 8')   | _____          |
| Height: <input type="checkbox"/> 8" <input type="checkbox"/> 16" <input type="checkbox"/> 24" | _____          |
| <input type="checkbox"/> Podium   | _____          |
| <input type="checkbox"/> White board  | _____          |
| <input type="checkbox"/> Sign holder  | _____          |
| <input type="checkbox"/> Coat rack  | _____          |
| <input type="checkbox"/> Flag(s)  | _____          |
| <input type="checkbox"/> Room setup - special instructions:                                   | _____          |

X \_\_\_\_\_  
Signature - Facilities Scheduling Office Date

### PERSONNEL REQUIRED

- Custodial/Buildings and Grounds
  - Doors open \_\_\_\_\_  am  pm
  - Security
  - Campus security
  - Other (contact Spokane Police Dept.)

X \_\_\_\_\_  
Signature - Buildings and Grounds Supervisor Date

- Technology Services
  - Hours \_\_\_\_\_
- Building supervisor
  - Hours \_\_\_\_\_
- Other \_\_\_\_\_

### FOR COLLEGE USE ONLY

DESCRIPTION	FEES
Facility use	
Media equipment	
Misc. equipment	
Personnel	
Custodial	
Security	
Building supervisor	
Other	
<b>TOTAL</b>	

**FINAL APPROVAL OF FEES**  
X \_\_\_\_\_  
Signature - Department Administration Office Date

Original - Building Manager or Scheduling Office