Please print neatly and answer as specifically as possible. Attach this form to your Event Registration Request Form.

Today's Date: ____________________

Approved by: ____________________  Event Name: ____________________

Event Day (circle): M T W Th F Sat. Sun.  Date: ______________ From: _____ a.m./p.m. To: _____ a.m./p.m.

Responsible Party: ____________________  Signature: ____________________ Cell #: (____) __________

NOTE: Audio-visual Equipment requests are done through the IST Help Desk x70911.

EQUIPMENT REQUESTED:

<table>
<thead>
<tr>
<th>QTY.</th>
<th>ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chairs</td>
</tr>
<tr>
<td></td>
<td>Tables</td>
</tr>
<tr>
<td></td>
<td>Risers (16 pcs. for stage)</td>
</tr>
</tbody>
</table>

SPECIAL INSTRUCTIONS

For Office Use: (fyi- Jeannie S.x78319 & Jose Huezo x72885) (Career Serv.Usu. Sets up w/S.House)

SET UP DATE: ______________ By (time) _____ a.m./p.m.

Employee Hours:  Key Check Out: Name _________ Date _________ RETURNED DATE _________

Name: ___________________________  Time Worked: _____ Hrs. & _____ Mins. Initial ____________

Name: ___________________________  Time Worked: _____ Hrs. & _____ Mins. Initial ____________

Name: ___________________________  Time Worked: _____ Hrs. & _____ Mins. Initial ____________

McKSU-0314