



**University of Hawai'i Cancer Center
Sullivan Conference Center
Reservation Request**

Please complete, sign and email this form to SullivanConferenceCenter@cc.hawaii.edu at least 30 days prior to your event.

SET-UP REQUEST:

Classroom – 76 chairs behind tables with podium & screens ([click to see diagram](#))

Theater – Approx. 120 chairs only ([click to see diagram](#))

For other set-up contact SCC Coordinator

Podiums (cannot be moved)

1 2

Registration table(s)

Literature table(s)

Other (describe)

CONTACT INFORMATION

Organization: _____

Address 1: _____

Address 2: _____

City _____ State: _____ Zip Code: _____

Responsible Party/: _____
UHCC Sponsor

Contact Person: _____

Phone: _____ Email: _____

Event Coordinator: _____
(if different from contact person)

Phone: _____ Email: _____

EVENT INFORMATION

Event Name: _____

Description:

Date of Event: _____ Alternate Date: _____

Event Times: _____ Setup Start time: _____
(start and end)

Est. Attendance: _____ Take Down End Time: _____

Attendance Charge? YES NO

Food to be served? YES NO

(No food to be served or eaten inside SCC)

Click on the button that best describes your group:

- UHCC Program / Department
- UH Program / Department
- UH Affiliated Organization (i.e. student orgs.)
- UH Affiliated User (BOR, UHF, RCUH)
- UHCC Affiliated Org. (i.e. ACS, Komen, Comp. Cancer)
- Non-UH Affiliated Org.

Event will be open to:

- Invited/registered guests
- Only Organization members
- University community
- General public

AUDIO/VISUAL REQUESTS:

Computer projection

Podium microphone

Lapel microphone

Audience microphone

Catch Box

Video/DVD playback

Assisted listening device

Zoom (*if external to UHCC must have your own zoom license*)

Other (describe):

IF your event is canceled, kindly notify us

Signature of Responsible Party listed above

TODAY'S DATE