

# CALIFORNIA COLLEGE OF THE ARTS OAKLAND SPECIAL EVENTS REQUEST FORM

COMPLETE AND RETURN TO JANINE BRITO IN OAKLAND (JBRITO@CCA.EDU) AT LEAST 14 DAYS PRIOR TO THE EVENT.

**LESS THAN 14 DAYS WILL JEOPARDIZE OUR ABILITY TO MEET YOUR REQUEST.**

<input type="checkbox"/> <b>NAHL HALL</b> (132 PERSONS MAX) <b>**TECH SUPPORT REQUIRED!**</b>
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OTHER OAKLAND CCA SPACE: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

DAY/DATE OF RESERVATION: \_\_\_\_\_ EXPECTED ATTENDANCE: \_\_\_\_\_

TIME OF RESERVATION: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_  
(include 1 hour before & after) (actual event hours)

**MEDIA SERVICES:** FOR INFORMATION CONTACT: **OAKLAND:** OAK MEDIA SERVICES - KNELSON@CCA.EDU

**\*\*YOU MUST HAVE A TEN-DIGIT BUDGET CODE IF YOUR EVENT REQUIRES TECH SUPPORT OR VIDEOGRAPHY!\*\***

<p><b>NAHL HALL:</b></p> <p><b>**TECHNICIAN WILL BE HIRED**</b></p> <p><input type="checkbox"/> Data Projector for:  <input type="checkbox"/> DVD <input type="checkbox"/> MiniDV <input type="checkbox"/> VHS  <input type="checkbox"/> Laptop <input type="checkbox"/> with Audio</p> <p><input type="checkbox"/> 1 or <input type="checkbox"/> 2 Slide Projectors  <input type="checkbox"/> Audio Cassette Player/Recorder  <input type="checkbox"/> Podium Mic <input type="checkbox"/> Wireless Mic  <input type="checkbox"/> Table Microphone #____ (1-3)  <input type="checkbox"/> DVD w/ 5.1 Surround Sound  <input type="checkbox"/> Blu-Ray w/ 5.1 Surround Sound</p>	<p><b>VIDEOGRAPHY:</b></p> <p><b>**TECHNICIAN WILL BE HIRED**</b></p> <p><input type="checkbox"/> Videography - no editing available via the Oak Media Center. Questions? Please contact Kara Nelson, Oakland Media Center Asst. at knelson@cca.edu or 510.594.3717.</p>	<p><b>OTHER EQUIPMENT:</b></p> <p>DO YOU NEED TECHNICIAN?? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Installed Projector / AV Cabinet  <input type="checkbox"/> Public Address System  <input type="checkbox"/> Portable CD/Cassette Player  <input type="checkbox"/> TV Monitor with VHS and DVD  <input type="checkbox"/> 30" Computer Monitor (<b>SF ONLY</b>)  <input type="checkbox"/> Laptop  <input type="checkbox"/> Data Projector  <input type="checkbox"/> Other: _____</p>
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**FACILITIES:** WILL YOU  SERVE ALCOHOL?\*  HAVE A RECEPTION?  CHARGE FOR ADMISSION OR ALCOHOL?

IF YOUR EVENT WILL DRAW OVER **100** GUESTS, PLEASE CONTACT **SHAIBU IBRAHIM** IN PUBLIC SAFETY: [sibrahim@cca.edu](mailto:sibrahim@cca.edu)

\*IF SERVING ALCOHOL, IMMEDIATELY CONTACT **NOKI SEEKAO** IN STUDENT AFFAIRS: [noki@cca.edu](mailto:noki@cca.edu)

DO YOU NEED?:

<input type="checkbox"/> Chairs: Location _____	How Many? _____
<input type="checkbox"/> Tables: Location _____	How Many? _____
<input type="checkbox"/> Podium: Location _____	How Many? _____
<input type="checkbox"/> Security Guard: Hours _____	

\_\_\_\_\_  
CCA SPONSORING DEPARTMENT

\_\_\_\_\_  
OUTSIDE ORG NAME

\_\_\_\_\_  
DEPARTMENT HOST (Must be present on day of event)

\_\_\_\_\_  
ORG CONTACT NAME

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
PHONE AND FAX NUMBERS

\_\_\_\_\_  
PHONE AND FAX NUMBERS

**LIABILITY AGREEMENT:**

Signature and budget code are required for all events, even when no charges are expected. I agree and understand my department will be charged for any technical support required and provided by the Media Center to cover the event detailed above. I understand the minimum such charge for services is \$60.00, and that any function exceeding 4 hours in length will be charged at the rate of \$15.00 per hour, per technician, for the duration of the event. I further understand that if my department is sponsoring an outside individual, group, or organization, that my department will still be charged for these fees, and it will be my own department's responsibility to recover these fees from the outside party.

**I accept these arrangements and charges.**

_____ SIGNATURE OF CCA STAFF MEMBER	_____ DATE	_____ 10 DIGIT BUDGET ACCOUNT CODE TO BE CHARGED
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\_\_\_\_\_  
CCA SCHEDULER SIGNATURE/DATE

\_\_\_\_\_  
MEDIA SERVICES SIGNATURE/DATE

\_\_\_\_\_  
FACILITIES DIRECTOR SIGNATURE/DATE

**CONFIRMATION: YOUR RESERVATION IS NOT CONFIRMED UNTIL YOU RECEIVE A COPY OF THIS FORM SIGNED BY ALL OF THE ABOVE**