

ALUMNI CENTER RESERVATION FORM

Street address: 3100 Cullen Blvd, Rm 201, Houston, TX 77204-6000
Mailing address: P.O. Box 230345, Houston, TX 77223
Phone: 713.743.9550 fax: 713.743.9560
www.myCougarConnection.com

University/Alumni Group Name: _____
Event Date(s): _____ Time _____ Room(s): _____
Function: _____
Actual Event Time: _____ Expected Attendance: _____
Contact Name: _____ Phone: _____
FAX: _____ E-mail: _____

Room(s) Reserved:
 O'Quinn Great Hall Life Member Conference Room (100A)
 Sam P. Douglass Library (100D) Melcher Board Room (100B)
 Lillie Conference Room (106) Blomstrom Conference Room (206)
 Terrace Lobby

Catering: _____

Alcoholic Beverages:
yes _____ no _____ (If yes, certificate of insurance and proof of TABC
permit is required)

Beverage Service:
yes _____ no _____ (HAO Chartered Groups ONLY for evening meetings)

Room Rental Fee: \$ _____

The above charges must be received at least 2 weeks prior to the event and covers HAO facility staff, the cost for basic cleaning, and set-up/take-down by UH Physical Plant if required.

Space is being held for you on a tentative basis pending receipt of a signed copy of this reservation form as well as the sponsorship form (if required) and the pre-paid rental fee. Cancellations must be received at least 2 weeks in advance of the scheduled event or the fee will not be refunded.

The ONLY room allowing for furniture re-arrangement is the O'Quinn Great Hall.

The University/Alumni group agrees that in case of any loss or damage however caused, by fault or negligence of the University/Alumni group to premises, equipment, furniture and/or property of the Houston Alumni Organization or the University of Houston, the University/Alumni group will be held accountable for repair and/or replacement.

Enclosed with this reservation form is a copy of the HAO Facility Rental Agreement. Your signature below signifies that you have read and will abide by all HAO Alumni Center Operating Guidelines.

ACCEPTED: _____ DATE: _____
Authorized Signature

CO-SPONSOR: _____ DATE: _____
Authorized Signature

Please sign and return to: Houston Alumni Organization
ATTN: Dorothy Wooley
CAMPUS MAIL: ALM-6000
P.O. Box 230345
Houston, TX 77223-0345
713-743-9558

FAX: (713) 743-9560
E-MAIL: dwooley@central.uh.edu