

FOR O	FFICE	USE	ONLY:
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AURORA COLLEGE	RENTAL REQUES	Date: File #:
Name:		
Affiliation:		
Phone #:		Fax #:
Email Address:		
Billing Address:		
Mailing Address:		
Requested Space:		
Event:		
2,010		
Date & Time:		
Please check all t	hat are required:	
Lapto	p to TV projection Teleconfere	ence Polycom Bunn Coffee Machine
Is your Event	Catered?	
Name of catering	company:	
PLEASE NOTE: Coffee machine is pr	rovided at no cost, however; we do not supply bevera	ages or sugar/creamer, etc.
If the event is catere	ed, please provide name of company and note that or	ur offices are open from 8:30am - 12pm and 1 - 5pm (closed at lunch hour).
Teleconference Poly	com users must have own teleconference number.	
Required Billing	<u>Information</u>	
Will your transact	cion be GST Exempt?	If yes, please provide GST Exemption #
No	Yes	
	Signature	Date