

## **Usage Policy**

### **Priority:**

Priority for using the Amelia's seating area will be given to College of Engineering units and officially recognized student organizations whose mission is affiliated with the College of Engineering. Others interested in using this facility may contact Phil Qualio no earlier than 30 days prior to the event: [philq@purdue.edu](mailto:philq@purdue.edu) Reservations will be made with the understanding that occasionally the group reserving the space may be asked to relocate on short notice.

### **Fees:**

There are no fees associated with using the atrium at this time. However, the scheduling unit assumes all costs associated with set-up, clean-up, and damage. Armstrong Hall is unable to provide personnel or supplies in support of events. Costs for damages and clean-up, if needed, will be billed to the reserving unit's account.

### **Set-up:**

Organizers and attendees must follow all University policies regarding safety and security and set-ups must not interfere with existing facility exhibitory or traffic flow. No glitter, sprinkles, confetti, open-flamed candles, or helium balloons are allowed. No items may be affixed to the walls or fixtures, windows, or structural surfaces of the facility. No furniture or fixtures may be rearranged or removed from the seating area.

### **Food and Drink:**

Refreshments are allowed but not provided. Set up and clean up are the responsibility of the event organizers.

### **Hours of Operation:**

The Amelia's seating area is available for scheduling nominally between 5:00pm and 10:00pm weekdays and 7:30am and 10:00pm weekends. Due to its proximity to classrooms, which may be holding evening or weekend sessions and the atrium which may also be hosting events, functions held in the seating area must be held at a respectful decibel level.

### **Capacity:**

Amelia's capacities: 50 seated at tables and chairs. Specified room capacities cannot be exceeded.

No smoking or tobacco is allowed inside or outside the facility, including the use of electronic cigarettes and vaporizers.

### Request Form

Name of Event: \_\_\_\_\_

Date of Event:  End Date:  *(For multiple day events)*

Start Time:  End Time:

Additional Notes: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# of Expected Attendees: \_\_\_\_\_

Vendor Names: \_\_\_\_\_

Account Number *(Required)*: \_\_\_\_\_



*Seating Area*

**Student Activities and Organizations *(Required)*:**

Faculty/Staff Advisor Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Account Number *(Required)*: \_\_\_\_\_