## NC A&T UNIVERSITY FOUNDATION

## **ALUMNI-EVENT CENTER**

## **BALLROOM CHANGE REQUEST**

Ballroom changes must be received a minimum of 5 business days prior to event. Availability for a new space and resources or date is not guaranteed. Organization: Contact Person: \_\_\_\_\_ Phone: \_\_\_\_ Email: \_\_\_\_ **Current Reservation** Event Title: Ballroom location: Event Date: Event Time: Change Requested (Check all that apply) Room change to: Full ballroom \_\_\_\_ Middle Ballroom \_\_\_\_ Merged Middle with two sides rooms\_\_\_\_ Aggie 101 or Price 103 \_\_\_\_\_ Blue 102 or Gold 101 \_\_\_\_ Foundation Conference Room \_\_\_\_\_ Alumni Conference Room Executive Board Lobby for Pre- Reception **Resources Request** Projector w/screen \_\_\_ Wired Microphone \_\_\_ Wireless Microphone \_\_\_ CD Player\_\_ Blu-ray/DVD Player\_\_ Skype Setup \_\_\_\_ Conference Phone \_\_\_ Table top Lectern \_\_\_ Podium \_\_\_ Podium w/Mic \_\_\_ Lavalier Laptop -HDMI/VGA - Wireless Pointer \_\_\_ Live /Video Streaming \_\_\_ AV Tech &breakdown \_\_\_ AV Tech Support during event \_\_\_\_\_ # of Easel \_\_\_\_ # of Registration table \_\_\_\_ of # Chairs for \_\_\_\_ Provide details pertaining to each change requested below: **Change request agreement:** I understand and agree to abide by all the rules, policies, regulations of the event center and contracts executed related to this transaction. Signature of Requestor: \_\_\_\_\_\_ Date: \_\_\_\_\_ SUBMIT TO: Alumni -Foundation Event Center AFEC OFFICE USE ONLY: info@aggieeventcenter.com Date Approved: \_\_\_\_\_ 200 North Benbow Road Greensboro, NC 27411 Confirmation #: \_\_\_\_\_ Phone: 336-433-5566 Fax: 336-332-8445 Date for event update: