Isla Vista Theater & Embarcadero Hall
Event Inquiry Form

IV Theater & Embarcadero Hall are fully staffed buildings that operate on a recharge basis. While there is no rental fee for the actual facilities, there is a cost for labor and equipment. All charges are billed at an hourly rate and are based on actual equipment usage on event day. The information below will allow us to provide you with an estimate.

Title of Event: __________________________________________________________
Student Group/Department: ____________________________________________
Preferred Location & Date: _____________________________________________
Contact Name: __________________________ Email: ________________________

Please provide a summary of your event: (movie screening, lecture, concert, etc.)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Please list any equipment needed to support your event:
Computer: ___ Lectern ___ Personal Laptop (Note: IVEH cannot provide adaptors ie: Mac adaptors)
Projector: ___ No ___ Yes  Sound System: ___ No ___ Yes
Number of Microphones: ___Wireless Handheld ___Wireless Clip-On ___Wired Handheld
Additional Equipment Requested:____________________________________________
______________________________________________________________________
______________________________________________________________________

What time would you like access to the theater? __________________________
What time would you like to open doors to the public?_______________________
(Note: IVT min 30 minutes before event, EH min15 minutes before event)

What time does your event start? _______________________________________
What is the approximate run time of your event? __________________________

Will you have an intermission? _____ Yes _____ No
If so, how long? _______________________________________________________

What is your anticipated attendance? ____________________________
Will you be serving food during your event? If so, what food will you be serving?
______________________________________________________________________
______________________________________________________________________

Who will we be billing? AS ___________________ OSL ___________________
Recharge number ________________________________

Please return completed form to kate.williams@id.ucsb.edu