

EVENTS AND VENUES
LISNER AUDITORIUM
Washington, DC

LISNER AUDITORIUM APPLICATION: UNIVERSITY USE

Thank you for your inquiry regarding the use of The George Washington University Lisner Auditorium for your upcoming event.

To reserve a date for your event, please complete and submit the enclosed Application in the name of your University Department OR your Registered Student Organization. Please include any technical requirements and completed ticketing form for your event along with the Application.

Upon receipt of application and ticket form your date will be placed on hold. A License Agreement will then be issued to you.

Only once the License Agreement is fully executed, may you begin ticketing and publicity for the event. Please notate the full title of, "The George Washington University Lisner Auditorium" or "GW Lisner Auditorium" in all printed material connected with your event. The University must approve all advertising and use of the Lisner Auditorium logo.

Please note that once the License Agreement is fully executed a cancellation fee for the Auditorium will be due if your event is canceled as noted on the Rate Schedule.

Your organization is responsible for all costs incurred for your function. All functions will be billed through your organization's Oracle Account.

We look forward to helping you plan your function. If we may be of further assistance, please do not hesitate to call 202.994.6851.

Sincerely,

Maryann Lombardi
Executive Director, Lisner Auditorium and Partnership Development

PLEASE RETURN THE FOLLOWING APPLICATION TO:

CASSANDRA LAMMERS

Lisner Auditorium, The George Washington University
730 21st Street NW, Washington, DC 20052

Email: lammers@gwu.edu

Phone: 202-994-1539

Application for the use of Lisner Auditorium
By University Departments or Registered Student Organizations of
The George Washington University

Please print or type

TODAY'S DATE: _____

NAME of GW University Department/Registered Student Organization:

ADDRESS: _____ Phone: _____

CITY, STATE, ZIP: _____ Website: _____

EMAIL: _____

COORDINATOR for University Department/ Registered Student Organization Event:

PHONE: _____ EMAIL: _____

GW Department/Registered Student Organization ADVISOR:

TITLE OF EVENT: _____

DESCRIPTION OF EVENT please be specific: _____

FEATURED PERFORMERS/SPEAKERS: _____

DAY & DATE REQUESTED: _____

START TIME of Event: _____ **LENGTH of event:** _____

TOTAL TIME requested for use of auditorium: _____ hours

FROM _____ TO _____, including set-up time

APPLICATION- continued

EVENT OPEN TO: Sponsoring Organization/Department_____ GW Community_____

General Public_____ Invitation Only_____

EXPECTED ATTENDANCE: _____

DO YOU PLAN TO HAVE A RECEPTION: Before the event? _____ After? _____

If yes, where? _____

For how many people? _____

WILL YOU BE SELLING records, t-shirts, etc. in connection with the event? _____

NOTE: A Vendor Space Fee of 10% for recorded items and 20% for soft goods of the after-tax proceeds will be collected by the Auditorium on all such sales.

ANY AGREEMENTS BETWEEN GW GROUPS, OUTSIDE ORGANIZATIONS, AND PERFORMERS SHOULD BE SUBMITTED WITH THIS APPLICATION.

Lisner Auditorium will determine the need for staff and equipment. All costs will be the responsibility of the GW University Department or Registered Student Organization.

Events are not confirmed until an all required signatures have been received. Page 3 of the Application must be signed by the person authorizing the Journal Entry.

Please print and sign your name.

Submitted by: _____ (Date) _____
(GW Department or Student Organization Representative)

(Non-GW Organization Officer) (Date)

(Approval by Department Chair or Center for Student Engagement) (Date)

EVENT BILLING RELEASE FORM

1. All applications must include a completed EVENT BILLING RELEASE FORM.
2. Payment for events is processed by University Journal Entry.
3. Events and Venues has been authorized by University Accounting to debit only account 59516 (Lisner Auditorium Charges) and to credit revenue only to account 47331 (Tickets). No other accounts will be recognized by the University Accounting Office.

4. EVENT DETAILS	
Event Contact Person:	Phone number:
University Department/ Registered Student Organization Presenting Event:	
Name of Event:	
Date of Event	Start Time
5. BILLING DETAILS	
Person to be invoiced:	Phone :
	Fax:
	Email:
Department:	Address:
ALIAS TO CHARGE FOR LISNER AUDITORIUM CHARGES	
_____	59516
ALIAS TO CREDIT FOR TICKET REVENUE	
_____	47331
Name authorizing Journal Entry:	Signature Authorizing Journal Entry:

