Rev. A.3 - 01 Sept. 2005

For	Office	Use	Only	/ :

Reference Number: F - 2009 - _____ 714 ___ - **A**

Accepted

☐ Declined

Declination Reason:

UPAC Sound Services Request Form

General Information			
Requesting Organization: Duly Noted A Cappella	Union Funded? ☐ Yes 🛛 No		
Event Name: The Duly Noted Fall Show	Estimated Attendance: 50		
Contact Information	Timetable NOTE: DO NOT include setup time in your start time.		
Name: Adam Steinberger	Start Date: 12/4/2009 Start Time: 08:00pm		
E-Mail: steina4@rpi.edu	End Date: 12/4/2009 End Time: 10:00pm		
Phone: (518) 928-2775 RIN: 660519560	Time YOU Will Setup: 06:00pm Soundcheck: 06:30pm		
event Type	Event Location NOTE: Please Indicate Any Alternate Location		
☑ Concert ☐ Stage Show (e.g. dancers)	☐ McNeil Room ☐ West Hall		
☐ Open Mic ☐ Speaking Engagement ☐ Mixer ☐ Comedian	☐ Rathskellar ☐ Academy ☑ Mothers ☐ Commons		
☐ Talent/Variety Show ☐ Dance	☐ Armory ☐ Fieldhouse		
Other:	Other:		
ystem Options	Payment Options NOTE: Payment must be available at start of set		
Package Designation (if applicable): Mothers System			
	T Heiro Account Tours		
Number of Microphones Required: 5	☐ Union Account Transfer		
☐ Subwoofer Required	085_		
☐ Monitors Required Number of Mixes: 0	☐ Non-Union Institute Account Transfer		
☑ Wireless Mics Required			
Special Requests: <u>Area Mics, We will need a two solo</u>	☐ Check Write in Memo: 'Acc't # 302422.3137.RU0'		
mics, a mic for vocal percussion,	☑ Cash Receipt? ☐ Yes ☑ No		
illing out this form DOES NOT guarantee the services of UPAC So o guarantee timely processing of this request, please ensure the ny unspecified contact information is grounds for denial of serv ULL Institute account numbers are required for processing.	at <i>all</i> information requested is complete and accurate. rice WITHOUT NOTIFICATION.		
HIS REQUEST NULL AND VOID UNLESS INITIALED AND SIGNED	AND REQUESTOR RETAINS ATTACHED POLICIES SHEET.		
nitials Date			
AS 11/26 We, the undersigned organization, certify the com-	pleteness and verity of the information furnished on this form.		
We have read, understand, and agree to all policies AS 11/26 Policies, Terms and Conditions sheet which with	es, terms, and conditions stated on the UPAC Sound Rental ill be retained by us for future reference.		
Adam Steinberger	For Office Use Only:		
Renting Organization Authorized Signature	Processed By: Sara Brown		
Thursday November 26th, 2009	Date: November 30th, 2009 Notes:		
Today's Date	Provide Proceed Notes.		

UPAC Sound Service Contract Agreement

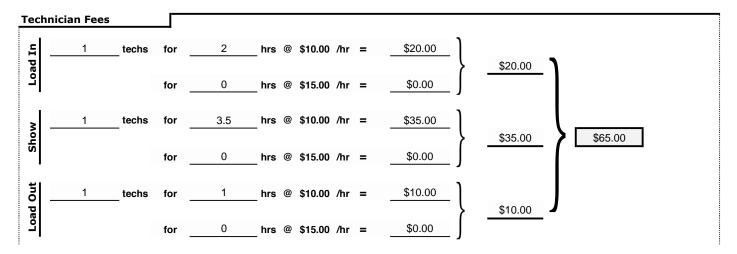
As per the **UPAC Sound Rental Policies, Terms and Conditions**, and the information furnished by the requesting organization by the means listed below, this document is a contractual agreement for services to be rendered by UPAC Sound.

- O UPAC Sound Services Request Form (form A)
- UPAC Sound Services Request Amendment Form (form B)
- o Verbal Communication

The following should be considered an invoice for the aforementioned services. Payment is expected before initiation of servic

Event Informati	ion	
Requesting O	rganization: Duly Noted A Cappella	Reference Number: F - 2009 - 714 - D
Event Name:	The Duly Noted Fall Show	Event Date: Friday December 4th, 2009

ipment F	Please refer to the UPAC Sound Services Guide for current p	ackage designations, prices, and fee schedule.	
Qty	Equipment/Package Description	Unit Price	Total
1	Mothers System	\$50.00	\$50.00
1	Wireless Mics	\$25.00	\$25.00
1	Area Mics	\$0.00	\$0.00
0		\$0.00	\$0.00
0		\$0.00	\$0.00
		Subtotal	\$75.00



Signatures	
UPAC Sound Chairperson:	Date:
Authorized Representative from Requesting Organization: $m{X}$	
Printed Name: X	Date: X