

OFFICE EVENT FORM

If you have any questions please feel free to contact our office at (808) 599-5009. Submit completed form either by: e- mail at <u>bishopmgmt@douglasemmett.com</u>; Fax to: (808) 599-5211; or drop off at Suite #1404.

TENANT NAME:		DATE:	
CONTACT / EVENT COORDINATOR:			
PHONE NO.:	FAX NO.:		
NAME OF EVENT:	DATE OF EVENT:		
NAME OF EVENT:	DATE OF EVENT:		
SET UP TIME:	BREAKDOWN TIME:		
EVENT START TIME:	EVENT END TIME:		
TYPE OF EVENT:			
ART GALLERY RECEPTION 🗌 🛛 FIRST FRIDAY			
DESCRIPTION OF EVENT: Please describe your event in the	e space provided below:		
Expected No. of Guests:			

RESTROOMS:
enant must provide their guests with their floor restroom keys. Do <u>not</u> leave the restrooms unlocked at any time
Jse of Electrical Outlets: YES NO
RASH CANS:
Number of Trashcans required for your event:
XTRA TRASH BAGS: YES NO
Number of Chairs Required:
Number of Tables Required:

OUTSIDE CONTRACTORS:

CATERER:	YES	NO 🗌	Name:
PARTY SUPPLIER:	YES	NO 🗌	Name:
Other:	YES	NO 🗌	Name:

INSURANCE:

VENDORS: Must provide an updated Certificate of Insurance (COI) that covers <u>all areas</u> of the planned event. The certificate must show:

Insurance Limits:

General Liability Insurance \$1,000,000 per Occurrence / \$2,000,000 Aggregate including personal injury, broad from property damage, and contractual liability coverage.

Additional Insured:

Landlord:	DEG, LLC
Manager:	Douglas Emmett Management Hawaii, LLC Asset
Manager:	Douglas Emmett Management, Inc.
Certificate Holder:	
Douglas Emmett A	Λanagement Hawaii, LLC
1132 Bishop Stre	et, Suite 1404
Honolulu, Hawaii	96813

DELIVERIES:

All materials/equipment/food, etc. must be delivered to the building via the freight elevator. Large deliveries must be scheduled through the Management Office (599-5009) to reserve the freight elevator.



Freight Elevator **NOT** needed.

Freight Elevator Reservations:

DATE	TIME	CONTRACTOR	PURPOSE

AIR CONDITIONING:



After Hours Air Conditioning **NOT** needed.

The building's air conditioning system operates as follows:

<u>Monday – Friday</u>: 6:30 a.m. – 6:30 p.m. <u>Saturday</u>: 8:00 a.m. – 2:00 p.m.

After hours air conditioning can be prescheduled through the management office at 599-5009.

COST IS \$90.00 PER HOUR

After-hours A/C Request:

DATE	START TIME	LENGTH OF TIME	FLOOR

JANITORIAL SERVICES

Nightly janitorial services are performed as follows:

Monday-Thursday: 8:00am - 9:00pm

<u>Sunday</u>: 4:00pm - 9:00pm

If you require additional services that are not currently provided please contact the Building Management Office, to discuss possible special arrangements. These services will be billed at an hourly rate, which is subject to change from time to time.

Janitorial Services Requested:

DATE	START TIME	END TIME

PARKING:

Estimated number of cars for guests who will park in the building:

Valets (Regular hours of operation: Monday - Friday):

<u>All Levels</u>: 7:00 am – 7:00 pm

For 1–25 cars, one valet required; For 26–50 cars, two valets required; For 51–75 cars, three valets required; For 76–100 cars, four valets required.

VALET SERVICE IS \$35 per hour/per level

Parking Services Request:

LOCATION	DATE	START TIME	LENGTH OF TIME

SECURITY:

Building security is on property dedicated to building operations 24 hours a day – 7 days a week.

*Additional security requirements can be prescheduled through the management office (599-5009).

COST IS \$50.00 PER HOUR

Security Services Request:

LOCATION	DATE	START TIME	LENGTH OF TIME

*Certain services may be required by the building due to event size and/or time.

ADDITIONAL COMMENTS OR REQUIREMENTS FOR THIS EVENT:

 No alcohol beverages. 	
 No cooking or open flames allowed. 	
• Do not block any fire doors. Do not unlock res	stroom doors.
 Double check power requirements/capacity in 	n advance.
 Table cloths are required on all tables. 	
 Clean up and trash removal are the tenant's liquid's off floors. 	responsibility – mop all water/
Requests and charges are approved and authorized by:	
Signature:	Date:
Print Name:	
MANAGEMENT USE ONLY	
Approved and authorized by:	
Signature:	Date:
Print Name:	