

Center for Continuing Education, Mississippi State University Extension Service

Bost Conference Center Request Form

This form represents a scheduling request ONLY. Reservation is not confirmed until all steps are complete.

Customer Information

Name of Organization _____

- MSU Extension
 DAFVM Group
 MSU Department
 MSU Student Group
 Off Campus Organization

Name of person making reservation _____

Name of other individuals involved with setup/logistics of event _____

Phone _____ Alt Phone _____ Fax _____

Address _____

Email _____ Mail Stop _____

How would you like us to respond with a confirmation?
 Fax
 Mail
 E-mail
 Phone

Event Information

Event Title _____ Estimated Attendance _____

CUSTODIAL FEES MAY APPLY

Description of Event _____

Will this event be catered? _____ Name and phone number of caterer _____

Billing Information

Payment by cash, check or money order (must be paid prior to event).

Banner Account _____ -- _____ -- _____ --

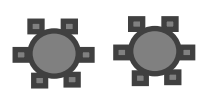
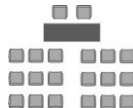
Email of person to send invoice to _____

Location, Dates & Time

Type of Room	Date(s) Requested	Setup Time	Event Start Time	Event End Time	Premises will be vacated by
Lobby					
Theater					
North Auditorium					
South Auditorium					
Full Auditorium					

Please select the furniture arrangement needed:

- Open Space
 Lecture
 Classroom
 Banquet Seating Rectangle
 Banquet Seating Round



Other, please attach diagram or discuss your setup with the Bost Conference Center Coordinator.

Additional Furnishings

No additional furnishings needed

- Chairs, Qty. _____
 Tables, Qty. _____
 Floor Podium w/mic _____
 Skirting for Tables, Qty. _____ Maroon or White (Please circle color)
 Floor Podium w/out mic _____
 MSU Seal (billed from Event Services)
 Stage, Qty. _____
 Backdrop (billed from Event Services)
 Stairs, Qty. _____
 Other _____

FEES MAY APPLY

Audio Visual Services

No technical services needed

Projection & Video Equipment

Overhead Projector

EQUIPMENT FEES MAY APPLY

Audio Equipment

Internal Sound System (for Video or Power Point requiring sound)

Wireless Lapel mic, Qty. ____ (billed from Event Services)

Wired Mics, Qty. _____

Piano

CD/Tape Player

* A SOUND TECHNICIAN MAY BE
REQUIRED FOR SOUND
EQUIPMENT*

Other: _____

Conditions & Liabilities

I understand that my copy of this completed form does NOT represent a confirmed reservation. I further understand that all facilities and equipment are subject to availability. I understand that if this reservation is approved I will comply with all applicable university policies and procedures. I agree to ensure that members and guests of the sponsoring organization will not move or tamper with any furnishings or equipment, including tables and chairs, and failure to do so may result in additional charges. I will be responsible for submitting any necessary forms, payments, or information to Center for Continuing Education by the dates specified on my Room Confirmation and understand that failure to do so may result in cancellation or additional charges. I understand that fees may apply to the event/meeting I am trying to reserve. I understand that misrepresenting the nature of the activity or failure to fully disclose pertinent details regarding this event/meeting, may result in additional charges or denial of future facility use. I also understand that the University retains the right to cancel, deny, postpone, or alter arrangements for any event if necessary.

Signature of Organization's Responsible Party

Date

Official Use Only

Mark each item with date completed
NA indicates not applicable for event

Date Received _____

Date Entered _____

Confirmation Sent Out _____

Reservation # _____

Read & signed applicable university policies _____

Rental Fee paid _____

Set-up confirmed _____

Changes made _____

(See Attached)