

Conference Room Request

✓ Check One: Non-Profit Vendor

CONTACT INFORMATION

Contact Name: _____
Company/Organization: _____
Phone: (____) _____ Alternate Phone: (____) _____
Email Address: _____

SPONSOR INFORMATION

Hutchinson Center Sponsor: _____ (Required)
Sponsor Signature: _____ Date _____

REQUESTED CONFERENCE ROOM

Location _____

Location _____ (Alternate)

Setup Type Classroom Theater Block U-Shape Other _____

Setup time desired (in hours) ½ 1 1 ½ Other _____

EVENT INFORMATION

Start Date: _____
End Date: _____
Start Time: _____ AM/PM
End Time: _____ AM/PM
Attendance: _____
Please check all that apply:
Catering? Yes or No
A/V Needed: Yes or No
 Computer Projector
 Video Conference
 Conference Call
Arrival by: Bus or Car
Attendees: Internal
 External

FHCRC OFFICE USE ONLY

EMS Reservation # _____

Approved By: _____ Date: _____

Y N

- 501c3 and Letter from Department of Revenue indicating tax-exempt status received
- Sponsorship confirmed in writing
- Parking/Transportation notified x6506
- Security advised of meeting x5656
- List of meeting attendees submitted to Security Department **5 days prior to event**
- Catering services provided? Confirm table requirements x3306

Completed By: _____ Date: _____

Confirmation Sent: _____ Date: _____