REQUEST FOR ROOM RESERVATION

State Form 45292 (R15 / 7-20)

Room reservations are filled on a first-come, first-served basis. This form is only a request and does not guarantee a room until it is processed and confirmed by the Conference Center.

We are not staffed as a full-service conference facility. Your careful attention to detail in the planning stages is very important. We also do not have the full range of equipment that can be found in a full-service facility. Please be mindful of this and request only the equipment that you really need. We will do our best to handle your request, but there may be times when you will have to go to a vendor to rent equipment.

Name of Agency Sponsoring Event	Division	Section

Contact Person	Telephone Number	Fax Number

Address *(Building and Room Number)*	E-mail

Name of Event

Date of Event *(month, day, year) (Please include alternate dates.)*	Please Include Alternate Dates *(month, day, year)*

Event Start Time AM PM	Need access before start? AM PM
Event End Time AM PM	Need access after end? AM PM

If you plan to serve food or have displays, it must be approved by the Conference Center. *(See Use Agreement for food restrictions.)*

- ☐ Food Service Planned **(as outlined in the Use Agreement)** _____
- ☐ State of Indiana Cafeteria Vendor
- ☐ Displays Planned
- ☐ Using Other Licensed Caterer *(please specify)* _____

** Your agency is responsible for ordering their own catering services.

- ☐ Event takes place prior to 7:30 am or ends after 5:00 pm during a work day. **Building Access Policy Applies, see website for details.**
- ☐ Event takes place over a weekend or holiday. **Building Access Policy Applies, see website for details.**
- ☐ State employees who do not normally park in the garages will be attending. ** It is your responsibility to be aware of the parking lot availability and arrange for any special accommodations. You may contact them at 317-234-1536 or e-mail ParkingServices@idoa.IN.gov.

Set Up Requested

Total Number of People Attending: _____

- ☐ Conference (closed or hollow square)
- ☐ Horseshoe
- ☐ Horseshoe # _____ + Audience # _____
- ☐ Horseshoe # _____ + Classroom # _____
- ☐ Groups (2-4 tables grouped together)
- ☐ Theatre / Audience
- ☐ Classroom (seated at tables)
- ☐ Hearing Style (include diagram)
- ☐ Head table # _____
- ☐ Food Service Table # _____
- ☐ Registration Table # _____
- ☐ Display Table # _____ (limitations apply)
- ☐ Special arrangement *(include description)*

Equipment Requested *(*limited amount only)*

** **Wireless Internet (Wifi) now available** *(See website for details.)*

- ☐ Conference Phone (Polycom)
- ☐ *DVD/Monitor
- ☐ Easel
- ☐ Extension Cord
- ☐ Flipchart _____
- ☐ Laser Pointer (*checkout)
- ☐ LAN Connection
- ☐ *Lapel Microphone # _____
- ☐ Microphone (to amplify) #
- ☐ Mixer
- ☐ *Mult Box
- ☐ Other: _____
- ☐ Podium w/ Microphone
- ☐ Podium w/out Microphone
- ☐ Powerstrip
- ☐ Screen
- ☐ Speaker Phone (*checkout)
- ☐ Telephone
- ☐ VCR/Monitor ☐ (CC)
- ☐ Whiteboard (*checkout)

* Markers/Speakerphone at Office

* The conference center does not have any LCD projectors or laptops (used for PowerPoint Presentations) for use in any of our rooms (except Auditorium). Your agency will need to provide.

Special Request / Special Arrangement / Room Diagram:

AUDITORIUM REQUEST ONLY: Total Number of People Attending: _____

- ☐ Podium w/out Microphone
- ☐ Podium w/ Microphone ☐
- ☐ Head Table for # _____ ☐
- ☐ Microphone for Head Table # _____
- ☐ Tables in Atrium for Food # _____
- ☐ Lapel Microphone # _____
- ☐ PowerPoint Presentation (use our system, bring disk/laptop)
- ☐ Internet Presentation (use our system)
- ☐ Floor Microphone # _____
- ☐ Tables in Atrium for Registration # _____
- ☐ VCR
- ☐ Laser Pointer
- ☐ Mult Box

*PowerPoint: We have PowerPoint 2007. This software will read PowerPoint 97-2003, and 2007. Please use a CD or flash drive to download your presentation; you may also connect your laptop directly into the system. For a better presentation of this particular room, do not use a dark background on your slides.
You may stop by the office to check out a remote-mouse (if needed).

CONFERENCE CENTER OFFICE USES ONLY

Date Received *(month, day, year)*	Problems, if any, were addressed by:			Confirmation Sent	☐
Date Complete *(month, day, year)*	Room(s)	Staff			