



REQUEST FOR ROOM RESERVATION

State Form 45292 (R13 / 4-14)

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.

**DEPARTMENT OF ADMINISTRATION
CONFERENCE CENTER**
Telephone (317) 233-3117
Fax (317) 233-0011
conference@idoa.in.gov

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
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Contact Person	Telephone Number	Fax Number
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Address (Building and Room Number)	E-mail
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Name of Event

Date of Event (please include alternate dates)	Please Include Alternate Dates
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Event Start Time	AM	PM	Need access before start?	AM	PM
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Event End Time	AM	PM	Need access after end?	AM	PM
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If you plan to serve food or have displays, it must be approved by the Conference Center. (See use agreement for food restrictions.)

<input type="checkbox"/> Food Service Planned _____	<input type="checkbox"/> Displays Planned _____
<input type="checkbox"/> Using Taher, Inc. (cafeteria)	<input type="checkbox"/> 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 email kobrien@idoa.in.gov.**

<p align="center">Set Up Requested</p> <p>Total Number of People Attending: _____</p> <input type="checkbox"/> Conference (closed or hollow square) <input type="checkbox"/> Horseshoe <input type="checkbox"/> Horseshoe # _____ + Audience # _____ <input type="checkbox"/> Horseshoe # _____ + Classroom # _____ <input type="checkbox"/> Groups (2-4 tables grouped together) <input type="checkbox"/> Theatre / Audience <input type="checkbox"/> Classroom (seated at tables) <input type="checkbox"/> Hearing Style (include diagram) <input type="checkbox"/> Head table # _____ <input type="checkbox"/> Food Service Table # _____ <input type="checkbox"/> Registration Table # _____ <input type="checkbox"/> Display Table # _____ (limitations apply) <input type="checkbox"/> Special arrangement (include description)	<p align="center">Equipment Requested (*limited amount only)</p> <p>** Wireless Internet (Wifi) now available (See website for details.)</p> <input type="checkbox"/> Conference Phone (Polycom) <input type="checkbox"/> *DVD/Monitor <input type="checkbox"/> Easel <input type="checkbox"/> Extension Cord <input type="checkbox"/> Flipchart _____ <input type="checkbox"/> Laser Pointer (*checkout) <input type="checkbox"/> LAN Connection <input type="checkbox"/> *Lapel Microphone # _____ <input type="checkbox"/> Microphone (to amplify) # _____ <input type="checkbox"/> Mixer <input type="checkbox"/> *Mult Box <input type="checkbox"/> Other: _____ * 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.	<input type="checkbox"/> Podium w/ Microphone <input type="checkbox"/> Podium w/out Microphone <input type="checkbox"/> Powerstrip <input type="checkbox"/> Screen <input type="checkbox"/> Speaker Phone (*checkout) <input type="checkbox"/> Telephone <input type="checkbox"/> VCR/Monitor <input type="checkbox"/> (CC) <input type="checkbox"/> Whiteboard (*checkout)
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Special Request / Special Arrangement / Room Diagram:

AUDITORIUM REQUEST ONLY: Total Number of People Attending: _____		
<input type="checkbox"/> Podium w/out Microphone	<input type="checkbox"/> Lapel Microphone # _____	<input type="checkbox"/> VCR
<input type="checkbox"/> Podium w/ Microphone <input type="checkbox"/>	<input type="checkbox"/> PowerPoint Presentation (use our system, bring disk/laptop)	<input type="checkbox"/> Laser Pointer
<input type="checkbox"/> Head Table for # _____ <input type="checkbox"/>	<input type="checkbox"/> Internet Presentation (use our system)	<input type="checkbox"/> Mult Box
<input type="checkbox"/> Microphone for Head Table # _____	<input type="checkbox"/> Floor Microphone # _____	
<input type="checkbox"/> Tables in Atrium for Food # _____	<input type="checkbox"/> Tables in Atrium for Registration # _____	

***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	Problems, if any, were addressed by:		Confirmation Sent	<input type="checkbox"/>
Date Complete	Room(s)	Staff		