

Meeting Rooms Application

APPLICANT/ORGANIZATION INFORMATION:

Contact Name: _____

Organization Name: _____

Street Address: _____ City/State: _____ Zip: _____

Phone: (Work) _____ (Cell) _____ (Home) _____

Email (for account registration and invoices): _____

Is the organization: Non-profit City of Stillwater OSU Affiliated

MEETING INFORMATION:

Please note setup and cleanup fees and/or a deposit may be required. See Meeting Room Policy for details.

Reservation Date(s): _____

Start Time: _____ End Time: _____ Set-up Time Needed: _____

Title of Meeting: _____

Purpose of meeting: _____ Approximate # of Attendees: _____

Will food be served? Yes, catered service Yes, light snacks No

Requested Room (*Capacity varies depending on seating preferences and setup.*)

<input type="checkbox"/> 138 (non-profit use only) (capacity 12; no food)	<input type="checkbox"/> 214 U Shape Setup (capacity 40)	<input type="checkbox"/> Prep Kitchen Free w/ meeting room; by request only
<input type="checkbox"/> Study Room (capacity 5; no food)	<input type="checkbox"/> 202 Classroom Setup (capacity 40)	<input type="checkbox"/> 313 Boardroom Setup (capacity 40)
<input type="checkbox"/> 119 Classroom Setup (capacity 67)	<input type="checkbox"/> 215 Auditorium Classroom Setup (capacity 108) Theater Setup (capacity 213/230) Custom Setup (capacity varies)	<input type="checkbox"/> 309 Reception Area Classroom Setup (capacity 36) Theater Setup (capacity 85) Round Tables (capacity 45)

Equipment Needed (No additional cost):

AV (TV, Projector) Handheld Mic Lapel Mic Podium Laptop Other _____

Room Add Ons (See fee schedule for pricing):

Tablecloths (\$5-\$7.50 each) Coffee Service (Cost varies depending on amount)

I have read and understand the Meeting Room Policy and am responsible for all fees accrued.

Printed Name: _____ Signature: _____