

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