

**MEETINGS & RECEPTIONS ROOM RESERVATION FORM**

Use this form to request complimentary use of meeting space to host a function during the conference. Your request must be received by **February 2, 2024**. Space is limited and not all requests can be accommodated. Space is awarded on a first-to-ask, first-to-receive basis. Meeting rooms will be assigned on or before **February 29, 2024**.

**CONTACT INFORMATION** (Please print clearly.)

Company: \_\_\_\_\_  
PRINT THE NAME AS YOU'D LIKE IT TO APPEAR IN THE PROGRAM.

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

**EVENT DETAILS** (Enter the details for your reception, meeting, focus group, etc.)

Event Name: \_\_\_\_\_  
PRINT THE NAME AS YOU'D LIKE IT TO APPEAR IN THE PROGRAM.

List in the Program?      Y      N      Estimated Attendance: \_\_\_\_\_

Function Type :

Reception                  Panel Discussion                   In-Booth Reception                  Meeting

Focus Group                  Coffee Discussion                  Other: \_\_\_\_\_

**CATERING & AV** (Select your package.) Do you require:

Catering    Yes      No      Bartender    Yes      No      Audio Visual, provide details    Yes      No

Additional Details: \_\_\_\_\_

All catering and audio/visual arrangements and payments will need to be made directly with the Palmer House. A union technician is required for all A/V, even if you provide your own equipment – all costs are at the expense of the organization hosting the event. All groups must pre-pay for events, the Palmer House is not able to split billing between any University/College or group. Once scheduled, you will receive additional information from the Palmer House representative.

**PREFERRED DATE & TIMES** (Use the *Choice* column to enter a "1" next to your first choice, "2" next to your second choice, and so on.)

CHOICE	DAY					TIME FRAME
	WED	THUR	FRI	SAT	SUN	7:00pm - 8:30 pm
	WED	THUR	FRI	SAT	SUN	10:00 pm - 11:30 pm
	WED	THUR	FRI	SAT	SUN	OTHER:
	WED	THUR	FRI	SAT	SUN	OTHER:
	WED	THUR	FRI	SAT	SUN	OTHER:

Notes:

**RETURN COMPLETED FORM TO: Bonnie VanDeventer Email: [VanDeventer@mpsnet.org](mailto:VanDeventer@mpsnet.org) Phone: 812 558 0588 Ext 1**