

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 5, 2025**. Space is limited and not all request can be accommodated. Space is awarded on a first-to-ask, first-to-receive basis. Meeting rooms will be assigned on or before **February 28, 2025**.

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.)

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. **WILL YOU REQUIRE ANY OF THE FOLLOWING:**

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

Additional Details: _____

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. "Other" suggest a time and we will let you know if we can accommodate you.) Once your event is scheduled, a representative from the Palmer House will reach out to you, if you selected any of the above details.

CHOICE	DAY					TIME FRAME
	WED	THUR	FRI	SAT	SUN	7:00pm - 8:30 pm
	WED	THUR	FRI	SAT	SUN	9:30 pm - 11:00 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 Phone: 812 558 0588 Ext 1