

Sunflower County Consolidated School District Conference Room Reservation Form

(Please Print)

Event Title: _____ Date of Function: _____

Group Name: _____ Time of Function: _____ to _____

Type of Event: _____ Setup length: _____ Minutes

Contact Name: _____ Contact Number: _____

Contact Address: _____ Contact E-mail: _____

Advisor Signature: _____ Advisor Phone: _____

Expected Attendance: _____

Please give a brief (25 words max.) description of your event: _____

Equipment Requested (fees may apply)

Non-A/V equipment:

Registration table outside room table inside room Podium Extra Chairs

A/V equipment:

Projector Laptop DVD/VCR TV/DVD/VCR

PA system # mics Custom A/V Setup (must speak with rep)

Recurring Events

Start Date: _____ End Date: _____

Frequency:

Weekly: Day of week: _____

Monthly: Day of month: _____

Other: Explain: _____

I understand my responsibilities in reserving this space: _____ Date: _____

(Signature)

Central Office use ONLY

Received/Recorded by: _____ Date: _____

Entered by: _____ Date: _____ EMS Res. No.: _____

Added to Master Calendar by: _____ Date _____

Work order needed, attach work order. Work order confirmed. Date: _____

Notes: _____

Please call 662/887.4919 with any questions.

IMPORTANT: CONTACT OUR TECHNOLOGY DEPARTMENT FOR ASSISTANCE IN RESERVING MEDIA EQUIPMENT FOR YOUR MEETING. ADVANCE NOTICE OF THREE BUSINESS DAYS IS REQUIRED FOR SERVICE.

IMPORTANT: All requests are subject to availability. You will be notified via e-mail whether or not your request has been granted. This can take anywhere from a few business days to a few weeks, depending on how far in advance the request was made.