



MISSISSIPPI STATE UNIVERSITY™ EXTENSION

Mississippi State University
Bost Conference Extension Center
PO Box 9601, MSU, MS 39762
Phone: 662-325-3589
Fax: 662-325-4538
Email: bost@ext.msstate.edu
<http://extension.msstate.edu/about-extension/bost-conference-center>

Bost Conference Center Request Form

Conditions and Liabilities

I understand that my copy of this completed form does NOT represent a confirmed reservation. I further understand that all facilities and equipment are subject to availability. I understand that if this reservation is approved, I will comply with all applicable university policies and procedures. I agree to ensure that members and guests of the sponsoring organization will not move or tamper with any furnishings or equipment, including tables and chairs. Failure to do so may result in additional charges. I will be responsible for submitting any necessary forms, payments, or information to the Center for Continuing Education by the dates specified on my Room Confirmation and understand that failure to do so may result in cancellation or additional charges. I understand that fees may apply to the event/meeting I am trying to reserve. I understand that misrepresenting the nature of the activity or failure to fully disclose pertinent details regarding this event/meeting, may result in additional charges and/or denial of future facility use. I also understand that the University retains the right to cancel, deny, postpone, or alter arrangements for any event, if necessary.

Signature of Organization's Responsible Party

Date

Official Use Only

Mark each item with date completed
N/A indicates not applicable for event

Date Received: _____

Date Entered: _____

Reservation #: _____

Confirmation Sent: _____

Rental Fee Paid: \$ _____

Read & Signed Applicable University Policies: _____

Set-up Confirmed: _____

Changes made: _____



MISSISSIPPI STATE UNIVERSITY™ EXTENSION

Mississippi State University
Bost Conference Extension Center
PO Box 9601, MSU, MS 39762
Phone: 662-325-3589
Fax: 662-325-4538
Email: bost@ext.msstate.edu
<http://extension.msstate.edu/about-extension/bost-conference-center>

Bost Conference Center Request Form

This form represents a scheduling request ONLY. Reservation is not confirmed until all steps are complete.

Name of Organization: _____

MSU Extension DAFVM Group MSU Department MSU Student Group Off Campus Organization

Name of person making reservation: _____ Phone: _____

Address: _____ Email: _____

How would you like us to respond with a confirmation? Email Phone Mail

Event Information

CUSTODIAL FEES MAY APPLY

Event Title: _____ Estimated Attendance: _____

Description of Event: _____

Will this event be catered? Yes No If yes, name and phone number of caterer: _____

Billing information

Payment by cash, check ,or money order Banner Account # _____

Email of person to send invoice: _____

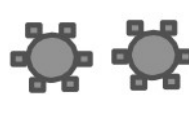
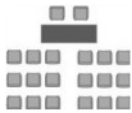
Location, Dates, and Time

Ensure that all trash is removed from the area before leaving the premises.

Type of Room	Date(s) Requested	Setup Time	Event Start Time	Event End Time	Premises will be vacated by
Lobby					
North Auditorium					
South Auditorium					
Full Auditorium					
Theater					

Please select the furniture arrangement needed:

Open space Lecture Classroom Banquet Seating Rectangle Banquet Seating Round Other (please attach diagram)



Additional Furnishings

FEES MAY APPLY

Chairs, Qty. _____	Tables, Qty. _____
Floor Podium w/mic	Skirting for Tables, Qty. _____ <input type="checkbox"/> Maroon <input type="checkbox"/> White
Floor Podium no mic	Tablecloths, Qty. _____
Stage, Qty. _____	MSU Seal (billed from Event Services)
Stairs, Qty. _____	Backdrop (billed from Event Services)
Wireless Lapel Microphone	Overhead Projector (Video/Power Point requiring sound)
Wired Microphone	Internal Sound System
Piano	CD/Tape Player
Other: _____	

A SOUND TECHNICIAN MAY BE REQUIRED FOR SOUND EQUIPMENT