

MississippiState University Center for Continuing Education P.O. Box 7558, MSU, MS 39762 MailStop 9639 Phone: (662) 325-3064 Fax: (662) 325-8407 Email: bost@ext.msstate.edu

Center for Continuing Education, Mississippi State University Extension Service

Bost Conference Center Request Form

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

Customer Information	Name of Organization							
	MSU Extension	DAFVM Group	MSU Department	MSU Stu	dent Group	Off-Campus Organization		
	Name of person making reservation Name of other individuals involved with setup/logistics of event							
	Phone Alt Phone Fax							
	Address							
	Email Mail Stop							
	How would you like us to respond with a confirmation?							
Event Information	Event Title Estimated Attendance							
CUSTODIAL FEES MAY APPLY	Description of Event							
	Will this event be catered? Name and phone number of caterer							
	Will this event be catered	ed? Name an	nd phone number of catere	r				
Billing Information	Payment by cash	check, or money order (must b	pe paid prior to event).					
	Banner Account		=	<u></u>	<u></u>			
	Email of person to send invoice to							
Location Dates 0 Time	Type of Room	Date(s) Requested	Setup Time	Event Start Time	Event End Time	e Premises will be vacated by		
Location, Dates, & Time	Lobby							
	Theater							
	North Auditorium							
	South Auditorium							
	Full Auditorium							
	Please select the furniture arrangement needed:							
	Open Space	Lecture	Classroom	Banquet Se	ating Rectangle	Banquet Seating Round		
	Other, please attach	diagram or discuss your setup	with the Bost Conference C	Center Coordinator.				
	No additional furn	No additional furnishings needed						
Additional Furnishings	Chairs, Qty.	Chairs, Qty Tables, Qty						
FEES MAY APPLY	Floor Podium w/ Mic Floor Podium w/o Mic Stage Stairs Other	floor Podium w/o Mic Backdrop (billed from Event Services) tage tairs						

Audio Visual Services	No technical services needed	
	Projection & Video Equipment	
	Overhead Projector	
EQUIPMENT FEES MAY APPLY		
	Audio Equipment	
	Internal Sound System (for video or PowerPoint requiring sound)	
	Wired Mics, Qty	
A SOUND TECHNICIAN MAY BE REQUIRED FOR SOUND EQUIPMENT	Other:	
EQUITIENT		
Conditions & Liabilities	I understand that my copy of this completed form does NOT represent a confirmed reservation. I further equipment are subject to availability. I understand that, if this reservation is approved, I will comply with procedures. I agree to ensure that members and guests of the sponsoring organization will not move or equipment, including tables and chairs, and failure to do so may result in additional charges. I will be reforms, payments, or information to the Center for Continuing Education by the dates specified on my Ro failure to do so may result in cancellation or additional charges. I understand that fees may apply to the understand that misrepresenting the nature of the activity or failure to fully disclose pertinent details regadditional charges or denial of future facility use. I also understand that the University retains the right transgements for any event if necessary.	a all applicable university policies and tamper with any furnishings or sponsible for submitting any necessary om Confirmation and understand that event/meeting I am trying to reserve. I larding this event/meeting may result in
	Signature of Organization's Responsible Party	Date
Official Use Only	Mark each item with date completed NA indicates not applicable for event	
	Date received	Date entered
	Confirmation sent out	Reservation #
	Read & signed applicable university policies	Rental fee paid
	Setup confirmed	Changes made(See Attached)

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