



Mississippi State University
Center for Continuing Education
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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 Student 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? ☐ Fax ☐ Mail ☐ Email ☐ Phone

Event Information

Event Title _____ Estimated Attendance _____

CUSTODIAL FEES MAY APPLY

Description of Event _____

Will this event be catered? _____ Name and phone number of caterer _____

Billing Information

☐ Payment by cash, check, or money order (must be paid prior to event).

☐ Banner Account _____ -- -- --

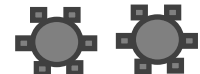
Email of person to send invoice to _____

Location, Dates, & Time

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

Please select the furniture arrangement needed:

☐ Open Space ☐ Lecture ☐ Classroom ☐ Banquet Seating Rectangle ☐ Banquet Seating Round



☐ Other, please attach diagram or discuss your setup with the Bost Conference Center Coordinator.

Additional Furnishings

☐ No additional furnishings needed

☐ Chairs, Qty. _____ ☐ Tables, Qty. _____
☐ Floor Podium w/mic _____ ☐ Skirting for Tables, Qty. _____ ☐ Maroon or ☐ White (Please check color)
☐ Floor Podium w/out mic _____ ☐ MSU Seal (billed from Event Services)
☐ Stage, Qty. _____ ☐ Backdrop (billed from Event Services)
☐ Stairs, Qty. _____
☐ Other _____

FEES MAY APPLY

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)

☐ Wireless Lapel Mic, Qty. ____ (billed from Event Services)

☐ Wired Mics, Qty. ____

☐ Piano

☐ CD/Tape Player

*A SOUND TECHNICIAN MAY BE
REQUIRED FOR SOUND
EQUIPMENT*

☐ Other: _____

Conditions & 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, and 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 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
NA indicates not applicable for event

Date received _____

Confirmation sent out _____

Read & signed applicable university policies _____

Setup confirmed _____

Date entered _____

Reservation # _____

Rental fee paid _____

Changes made _____

(See Attached)

Mississippi State University is an equal opportunity institution. Discrimination in university employment, programs, or activities based on race, color, ethnicity, sex, pregnancy, religion, national origin, disability, age, sexual orientation, gender identity, genetic information, status as a U.S. veteran, or any other status protected by applicable law is prohibited.

For disability accommodation, please call (662) 325-3589 or email bost@ext.msstate.edu.