## GREENVILLE HIGHER EDUCATION CENTER FACILITY RESERVATION FORM

NOTE: Please complete and return this form to the Greenville Higher Education Center Administrative Office, 2900A Highway 1 South, Greenville, MS 38701. GPS Address: 1134 Archer Range Road, Greenville, MS 38701. It is imperative that all arrangements are made and this form completed at least fourteen (14) days prior to your event. Your activity will not be placed on the Center calendar until the form is completed and returned.

SEPARATE ROOMS BY SOUNDPROOF PARTITIONS. DO YOU PLAN TO USE THESE PARTITIONS? YESNO  HEAD TABLEYESNO	NAME OF EVENT			<del></del>
TYPE OF ROOM(S) REQUESTED: Standard Classroom (indicate # of rooms needed) Conference Room				
TYPE OF ROOM(S) REQUESTED: Standard Classroom (indicate # of rooms needed) Conference Room	ADDITIONAL TIMES NEEDED (	rehearsal, set-up)	AL TIME	LEAVE TIME
Auditorium (rows of chairs, no tables)	TYPE OF ROOM(S) REQUESTEI  Computer Lab Laboratories  Hafter Multi-Purpose Room (	O:Standard Classroom (indicate either art, nursing, or so NO catered food service) (included)	cate # of rooms needed) cience) Distance Lear es auditorium and lobby)	_ Conference Room
SEPARATE ROOMS BY SOUNDPROOF PARTITIONS. DO YOU PLAN TO USE THESE PARTITIONS? YESNO HEAD TABLEYESNO	(PLEASE NOTE: Furniture for this re Auditorium (rows of chairs, no	oom includes round tables and chootables) Banquet Style	airs)	
CATERING: Rentee can self-cater, contract with a private caterer. This service is NOT provided by GHEC.  COMMENTS  PUBLIC ADDRESS SYSTEM: MicrophoneYesNo  ADDITIONAL EQUIPMENT NEEDED  ESTIMATED ATTENDANCE/PARTICIPATIONFACILITY USAGE CHARGE ORGANIZATION SPONSORING ACTIVITY  PERSON IN CHARGEADDRESS CITY, STATE, ZIPPHONE NUMBER  PERSON TO BE INVOICED FOR FACILITY RENTAL IF DIFFERENT FROM ABOVE  NAMEADDRESS CITY, STATE, ZIPPHONE NUMBER  I will reimburse the Greenville Higher Education Center for labor costs or damage costs as a result of this event.  X SIGNATURE OF PERSON IN CHARGE OF EVENTDATE	SEPARATE ROOMS BY SOUNDI			
PUBLIC ADDRESS SYSTEM: MicrophoneYesNo  ADDITIONAL EQUIPMENT NEEDED	HEAD TABLEYES	NO Head Table Seating	Number	
PUBLIC ADDRESS SYSTEM: MicrophoneYesNo  ADDITIONAL EQUIPMENT NEEDED	CATERING: Rentee can self-cater,	, contract with a private caterer	. This service is NOT provi	ded by GHEC.
ADDITIONAL EQUIPMENT NEEDED  ESTIMATED ATTENDANCE/PARTICIPATION FACILITY USAGE CHARGE  ORGANIZATION SPONSORING ACTIVITY  PERSON IN CHARGE ADDRESS  CITY, STATE, ZIP PHONE NUMBER  PERSON TO BE INVOICED FOR FACILITY RENTAL IF DIFFERENT FROM ABOVE  NAME ADDRESS  CITY, STATE, ZIP PHONE NUMBER  I will reimburse the Greenville Higher Education Center for labor costs or damage costs as a result of this event.	COMMENTS			
ESTIMATED ATTENDANCE/PARTICIPATION	ADDITIONAL EQUIPMENT	•		
PERSON IN CHARGE				ARGE
CITY, STATE, ZIP PHONE NUMBER  PERSON TO BE INVOICED FOR FACILITY RENTAL IF DIFFERENT FROM ABOVE  NAME ADDRESS  CITY, STATE, ZIP PHONE NUMBER  I will reimburse the Greenville Higher Education Center for labor costs or damage costs as a result of this event.  X  SIGNATURE OF PERSON IN CHARGE OF EVENT DATE	ORGANIZATION SPONSORING	ACTIVITY		
PERSON TO BE INVOICED FOR FACILITY RENTAL IF DIFFERENT FROM ABOVE  NAME	PERSON IN CHARGE		ADDRESS	
NAME	CITY, STATE, ZIP		PHONE NUM	IBER
CITY, STATE, ZIP PHONE NUMBER  I will reimburse the Greenville Higher Education Center for labor costs or damage costs as a result of this event.  X	PERSON TO BE INVOICED FOR	FACILITY RENTAL IF DIFF	ERENT FROM ABOVE	
CITY, STATE, ZIP PHONE NUMBER  I will reimburse the Greenville Higher Education Center for labor costs or damage costs as a result of this event.  X	NAME		ADDRESS	
XSIGNATURE OF PERSON IN CHARGE OF EVENT DATE				
	I will reimburse the Greenville Hig	her Education Center for labor	costs or damage costs as a 1	esult of this event.
	XSIGNATURE OF PERSON IN	CHARGE OF EVENT		DATE
D. T.M. I. I.C				

Please give final details of all setup arrangements at least 14 days prior to your event, i.e. equipment, caterer, etc. For additional information, contact: Barbara Moton, Event Planner, at 662-332-8037, Fax: 662-332-8532 or Email: bmoton@msdelta.edu