



REQUEST FOR ROOM RESERVATION
State Form 45292 (R11 / 6-06)

Room reservations are filled on a first-come, first-served basis. This form is only a request and does not guarantee a room until it is processed and confirmed by the Conference Center.

Department of Administration
Conference Center
Telephone (317) 233-3117
Fax (317) 233-0011
conference@idoa.in.gov

We are not staffed as a full-service conference facility. Your careful attention to detail in the planning stages is very important. We also do not have the full range of equipment that can be found in a full-service facility. Please be mindful of this and request only the equipment that you really need. We will do our best to handle your request, but there may be times when you will have to go to a vendor to rent equipment.

Name of Agency Sponsoring Event	Division	Section
Contact Person	Telephone Number	Fax Number
Address (Building & Room Number)	E-mail	

Name of Event

Date of Event (please include alternate dates)	Please Include Alternate Dates
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Event Start Time	AM	PM	Need access before start?	AM	PM
Event End Time	AM	PM	Need access after end?	AM	PM

If you plan to serve food or have displays, this must be handled at the time of the reservation.

Food Service Planned _____ Displays Planned _____

Using The Café Group Using Other Licensed Caterer (please specify) _____

Event takes place prior to 7 am or ends after 5:30 during a working day. **Building Access Policy Applies, see website for details.**

Event takes place over a weekend or holiday. **Building Access Policy Applies, see website for details.**

State employees who do not normally park in the garages will be attending. **IT IS YOUR RESPONSIBILITY TO GET A LIST OF THOSE EMPLOYEES TO THE PARKING GARAGES TO FACILITATE THEIR PARKING AND TO EASE TRAFFIC CONGESTION.**

<p align="center">Set Up Requested</p> <p>Total Number of People Attending: _____</p> <p><input type="checkbox"/> Conference (closed or hollow square)</p> <p><input type="checkbox"/> Horseshoe</p> <p><input type="checkbox"/> Horseshoe # _____ + Audience # _____</p> <p><input type="checkbox"/> Horseshoe # _____ + Classroom # _____</p> <p><input type="checkbox"/> Theatre / Audience</p> <p><input type="checkbox"/> Classroom (seated at tables)</p> <p><input type="checkbox"/> Hearing Style (include diagram)</p> <p><input type="checkbox"/> Head table # _____</p> <p><input type="checkbox"/> Food Service Table # _____</p> <p><input type="checkbox"/> Registration Table # _____</p> <p><input type="checkbox"/> Display Table # _____ (limitations apply)</p> <p><input type="checkbox"/> Special arrangement (include description)</p>	<p align="center">Equipment Requested</p> <p><input type="checkbox"/> Podium w/ Microphone</p> <p><input type="checkbox"/> Podium w/out Microphone</p> <p><input type="checkbox"/> Microphone (to amplify) # _____</p> <p><input type="checkbox"/> Microphone (to record) # _____</p> <p><input type="checkbox"/> Microphone (to do both) # _____</p> <p><input type="checkbox"/> Lapel Microphone # _____</p> <p><input type="checkbox"/> Cassette Recorder</p> <p><input type="checkbox"/> Cassette/CD Player/Recorder</p> <p><input type="checkbox"/> VCR/Monitor</p> <p><input type="checkbox"/> VCR/Monitor (Close Captioned)</p> <p><input type="checkbox"/> ELMO Visual Presenter</p> <p><input type="checkbox"/> Mixer</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Overhead Projector</p> <p><input type="checkbox"/> Slide Projector</p> <p><input type="checkbox"/> Laser Pointer</p> <p><input type="checkbox"/> LAN Connection</p> <p><input type="checkbox"/> Easel</p> <p><input type="checkbox"/> Flipchart</p> <p><input type="checkbox"/> Whiteboard</p> <p><input type="checkbox"/> Screen</p> <p><input type="checkbox"/> Telephone</p> <p><input type="checkbox"/> Speaker Phone</p> <p><input type="checkbox"/> Conference Phone</p> <p><input type="checkbox"/> Mult Box</p>
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Special Request/Special Arrangement/Room Diagram: _____

AUDITORIUM REQUEST ONLY: Total Number of People Attending: _____

<input type="checkbox"/> Podium w/out Microphone	<input type="checkbox"/> Lapel Microphone # _____	<input type="checkbox"/> CD
<input type="checkbox"/> Podium w/ Microphone <input type="checkbox"/>	<input type="checkbox"/> PowerPoint Presentation (use our system, bring disk/laptop)	<input type="checkbox"/> Cassette
<input type="checkbox"/> Head Table for # _____ <input type="checkbox"/>	<input type="checkbox"/> Internet Presentation (use our system)	<input type="checkbox"/> VCR
<input type="checkbox"/> Microphone for Head Table # _____	<input type="checkbox"/> Visual Presentation (ELMO/overhead)	<input type="checkbox"/> Laser Pointer
<input type="checkbox"/> Floor Microphone # _____	<input type="checkbox"/> Assistive Hearing Devices will be needed # _____	<input type="checkbox"/> Mult Box
<input type="checkbox"/> Tables in Atrium for Food # _____	<input type="checkbox"/> Tables in Atrium for Registration # _____	<input type="checkbox"/> Cassette Recorder

***PowerPoint:** We have PowerPoint 2000. This software will read PowerPoint 97, 98 and 2000. Please use the "Pack and Go" function found in "File" of your PowerPoint program and download the presentation to floppy disks or CD or you may also connect your laptop directly into the system. For a better presentation of this particular room, do not use a dark background on your slides.

Please be advised that this is a request form only. Presentations requiring presence of staff to change modes may require that the requesting agency hire professional audio-visual staff for the event.

CONFERENCE CENTER OFFICE USES ONLY

Date Received	Problems, if any, were addressed by:	This event involves multiple rooms or multiple days. Pre-Conference Review sheets sent.	Confirmation Sent
Date Received	Room(s)	Staff	This event involves multiple rooms or multiple days. Pre-Conference Review sheets sent
			Contact sent