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.

NAME OF EVENT		
DATE(S)	EXACT TIME OF EVENT	to
ADDITIONAL TIMES NEEDED (rehea	arsal, set up)ARRIVAL TIME	
	ARRIVAL TIME	LEAVE TIME
TYPE OF ROOM(S) REQUESTED: Laboratories (indi	ARRIVAL TIMEStandard Classroom (indicate # of rooms needed) icate either art, nursing, or science) Distance	Conference Room
Computer Euro Euroratories (mai	catered food service) (includes auditorium, one small	Learning Classroom,
	catered food service) (includes auditorium, one small	
	OM REQUESTS, PLEASE INDICATE THE ROO	
(PLEASE NOTE: Furniture for this room is	ncludes round tables and chairs with capacity for 21	0) tables
Classroom Style (tables with chairs	es) Banquet Style (tables and chairs around facing only front of room)	rables)
	OM REQUESTS: THIS ROOM MAY BE PARTI OF PARTITIONS. DO YOU PLAN TO USE THI	
HEAD TABLEYESNO	Head Table Seating Number	_
CATERING: Rentee can self-cater, cont	ract with a private caterer, or GHEC can provide	catering services.
COMMENTS		
PUBLIC ADDRESS SYSTEM: Micropho ADDITIONAL EQUIPMENT NEEDED		
ESTIMATED ATTENDANCE/PARTIC	CIPATION FACILITY USAGE	CHARGE
ORGANIZATION SPONSORING ACT	TIVITY	
PERSON IN CHARGE	ADDRESS	
CITY, STATE, ZIP	PHONE NUMBER	
PERSON TO BE INVOICED FOR FAC	CILITY RENTAL IF DIFFERENT FROM ABOV	E
MAILING ADDRESS		
PHONE NUMBER		
I agree to provide the manpower necessa damage costs as a result of this event.	ary and will reimburse the Greenville Higher Educ	cation Center for labor costs or
SOCIAL EVENTS : A 25% deposit	is required. NO refund of deposit will be given	en if you cancel your event.
X SIGNATURE OF PERSON IN CH	ARGE OF EVENT	DATE
v		
Linda Jo Brantley-Clark, Dean of C	GHEC Operations, Greenville Higher Educat	ion Center DATE

V Please give final details of all setup arrangements at least 14 days prior to your event, i.e. equipment, food request, etc. For additional information, contact: Linda Clark at 662-332-8750, Fax: 662-332-8532 or Email: liclark@msdelta.edu