

MCIT Reservation Request Form

Check the following that applies to you: MCIT Member AMC Staff

Leaser of MCIT Other _____

Organization: _____

Reservation Made By: _____

Phone: _____ Fax: _____

Email: _____

Meeting Designated Contact Person _____

Meeting Date: _____

Meeting Name: _____

Number of Attendees _____

Start Time: _____ End Time: _____

Room Setup Preference: Standard Hollow Square Classroom
 Theater Clusters of 8

Will be Serving: Breakfast Lunch

Caterer: _____

Other Accommodations: _____

MCIT Use Only

Date of Request

Reservation Confirmed on

By _____

Needs Checklist

AV Equipment

- Audio System
- Conference Phone
- DVD Player
- LCD/Projector- \$25
- Overhead Projector
- Speaker Phone
- Screen
- TV/VCR
- Visual Aid Monitors

Connections

- Analog Line/dial up
- Internet Access
- ITV (hourly fee)

Serving

- Dining Room
- Serving Kitchen
- Serving Tables

Miscellaneous

- Flip Chart
- White Board
- Lectern
- Registration Table

Other – Not Listed

- _____
- _____

FAX TO MCIT AT: 651.209.6496

The above reservation request meets the specifications for the meeting space. Any changes are noted as necessary. I have received a copy of the MCIT Facility Use Policy and agree to adhere to the terms set forth in the policy. I agree to hold MCIT harmless from any costs incurred of a result of alcohol or firearms possession in violation of MCIT policies.

Signature: _____ Date: _____