

# Meeting Room Event Form

MS E Center Foundation Phone: 601-979-1246 Fax: 601-979-5024  
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Today's Date: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
 \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact e-mail address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_


Name of Event: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_  
 \_\_\_\_\_

Event Date: \_\_\_\_\_ Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Number of persons: \_\_\_\_\_ (Please check a desired floor plan below)

Classroom  Theatre  Banquet  Reception  Conference  U-Shaped



Are you requesting a specific room? \_\_\_\_\_ If yes, list here: \_\_\_\_\_

Equipment needs:

Podium: \_\_\_yes \_\_\_no

Microphone: \_\_\_yes \_\_\_no If yes, how many? \_\_\_\_

LCD Projector: \_\_\_yes \_\_\_no

Screen: \_\_\_yes \_\_\_no

VCR \_\_\_yes \_\_\_no If yes, how many? \_\_\_\_

Internet access: \_\_\_yes \_\_\_no If yes, how many? \_\_\_\_

Other: \_\_\_\_\_

Food Services:

Food Services: \_\_\_yes \_\_\_no

If yes: \_\_\_continental breakfast & coffee

\_\_\_coffee only

\_\_\_morning snacks

\_\_\_lunch: \_\_\_hot \_\_\_box

\_\_\_afternoon snacks

\_\_\_afternoon beverages

\_\_\_dinner

Would you like for the **e-Center** to handle this or will you use an **outside caterer**? Circle One

Breakout Rooms: \_\_\_yes \_\_\_no If yes, how many? \_\_\_\_ (If more than 2, attached a separate sheet with information.)

Breakout Room #1 \_\_\_\_\_ Floor plan: \_\_\_\_\_

Equipment needs: \_\_\_\_\_ Number of persons: \_\_\_\_\_

Podium: \_\_\_yes \_\_\_no

Microphone: \_\_\_yes \_\_\_no If yes, how many? \_\_\_\_

LCD Projector: \_\_\_yes \_\_\_no

Screen: \_\_\_yes \_\_\_no

VCR \_\_\_yes \_\_\_no If yes, how many? \_\_\_\_

Internet access: \_\_\_yes \_\_\_no If yes, how many? \_\_\_\_

Breakout Room #2 \_\_\_\_\_ Floor plan: \_\_\_\_\_

Equipment needs: \_\_\_\_\_ Number of persons: \_\_\_\_\_

Podium: \_\_\_yes \_\_\_no

Microphone: \_\_\_yes \_\_\_no If yes, how many? \_\_\_\_

LCD Projector: \_\_\_yes \_\_\_no

Screen: \_\_\_yes \_\_\_no

VCR \_\_\_yes \_\_\_no If yes, how many? \_\_\_\_

Internet access: \_\_\_yes \_\_\_no If yes, how many? \_\_\_\_