

Davidson County Community College Conference Center Event Request Form

Missy West

Coordinator, Conference Center & Community Engagement

P.O. Box 1287 Lexington, NC 27293

Phone: 336-224-4632

Fax: 336-243-7667

Email: mwwest@davidsonccc.edu

Event Request must be submitted three weeks prior to the date requested. You will be notified of availability via e-mail within three business days. Please see below for additional information.

Section I: *All sections must be completed.*

Faculty/Staff Student Organization Non-Affiliate Sponsored by Affiliate

Section II: Contact Information

Name of Group: _____

Billing Address (non-affiliate): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Person (Name/Title): _____

Contact Person Phone: _____ Contact Person E-mail: _____

Section III: Event Information

Preferred Date (s) _____ Day of Week: Mon. Tue. Wed. Thurs. Fri. Sat. Sun.

Recurring Event: Yes No If yes, list dates: _____

Start Time: _____ End Time: _____ Event will actually begin at: _____ (if different from start time requested)

Event Title: _____ Estimated Attendance: _____

Type of Event: _____

Space Desired (please check): _____

Meeting Rooms First Floor Meeting Room Sloped Classroom

Catering: Yes No (If yes, choose one) Tricia's Catering On Time Catering The Buttercup Café
 The Storm Cellar

Will there be alcohol served at this event? Yes No

(Serving alcohol must be approved by the Executive Director, External Affairs & Foundation. Alcoholic beverages are limited to beer and wine and serving time cannot exceed two hours. When serving alcohol, food items must be served proportionate to attendance. An alcohol permit must be submitted.)

Section IV: Preferred Set-Up

Audio Visual

Banquet Style (round tables)

Podium

ELMO

Classroom Style

Microphone

DVD Player

Theater Style

Screen

Sound System

Conference Style

LCD Projector

Computer

U-shape

Other _____

Hollow Square

Section V: Pricing

Entire Day Rate (4 hours or more)

Half Day Rate (less than 4 hours)

Meeting Room A - 202

\$150

\$75

Meeting Room B - 204

\$150

\$75

Meeting Room C - 206

\$150

\$75

Meeting Room D - 208

\$150

\$75

Meeting Rooms A-D

\$500

\$250

First Floor Meeting Room

\$50

\$25

Sloped Classroom

\$350

\$175

I agree to pay the amount requested for the use of the Conference Center. The information that I have provided is correct.

Signature: _____

Section VI: Special Accommodations/Needs

For Office Use Only

Date Received: _____

Approved: Yes No

Initials: _____