

# MEETING ROOM RESERVATION FORM

Clark County Extension Service  
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## ALL REQUESTS WILL BE REVIEWED BEFORE APPROVAL

COMPLETE ENTIRE FORM

Date of Meeting:  Name of organization or group:

Title of meeting:  Estimated attendance:

Times rooms(s) are needed:  to  Time meeting begins:  Time meeting ends:

Contact person's name:  Contact person's name phone number:

Contact person's email:

### BRIEF DESCRIPTION OF MEETING

#### ON-SITE CONTACT DAY OF EVENT:

Name:

Phone Number:

#### ROOM(S) SET-UP:

**CLASSROOM STYLE:** *(tables facing speaker)*  
2 chairs per table on one side

**THEATER STYLE:** *(ALL chairs - NO tables)*

**BANQUET STYLE:**  
2 chairs per table on both sides

**SQUARE STYLE:** *(chairs on outer side of table)*

**U-SHAPE STYLE:** *(chairs on outer side of table)*

**DO YOU NEED USE OF THE KITCHEN?**

#### ADDITIONAL COMMENTS:

I have read the policy regarding use of the Extension facilities and equipment and agree to adhere to the policy statement. In addition, I understand the Clark County Extension Council/District Board is not responsible for accidents, injury, illness, or loss of group or individual property. I also understand that the Clark County Cooperative Extension Service System is organized to provide all members of the county the opportunity to participate in educational programs enabling them to more effectively contribute to the wellbeing of their families and community. Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.

Contact signature:

Date signed:

#### AUDIO VISUAL EQUIPMENT REQUESTED:

- Projector
- Computer
- Microphones
- Video Conferencing *(for 20 people or less)*