## V.G. JAMES & EXTENSION CONFERENCE CENTER

## **FACILITY RESERVATION FORM**

lim	ninary Request:				
1.	Person Making Request:				
	Address:				
	Phone:	Ema	il:		
2.	Proposed Meeting: Date:	S	tart Time:	I	End Time:
3.	Anticipated Number Attending:				
4.	Organization Conducting Meeting:				
5.	Subject of Meeting:				
6.	Meal Served: Yes N	Vo	_ Kitchen Use:	Yes	No
7.	Set-Up Required: NOTE: A DIAGRAM MUST BE CHAIRS WILL BE SET UP ACC	SUBMIT	TED PRIOR T	O EVEN	
	GIVEN. THERE WILL BE AN A TABLES REQUIRED AFTER S	ADDITIO1			
8.	TABLES REQUIRED AFTER S	ADDITION ET UP. ge that I hav	NAL CHARGE  ve received and	E FOR A	NY CHAIRS AND use policy governing use
	TABLES REQUIRED AFTER S Signature: By signing I acknowledge of this facility and the waiver stater	ADDITION ET UP.  ge that I have ment below	NAL CHARGE we received and and understan	read the u	NY CHAIRS AND use policy governing us we are responsible for
Na Wa No Un pro oth	Signature: By signing I acknowledge of this facility and the waiver stater compliance with these policies.  Taiver Statement: The undersigned as reporth Carolina State University, the Truniversity of any and all responsibility of coperty damage sustained by the user of hers caused by the user organization of the state of the sta	ADDITION ET UP.  ge that I have ment below representatives and all representations of the control of the contro	ves for the user of lofficers and aglaims or demand members or per	read the ud that I/v Date organizations of saids resultings	NY CHAIRS AND  use policy governing using a responsible for a resp
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