

Comments/Questions

Conference Services Facilities Leasing Request Form

	Ple	ase √	appro	priate	box
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New Client

Returning Client

Today's Date			Inter	nal Request
CONTACT INFORMATION Contact Name	Phone Number		Contact Email	
Are you affiliated with Collin College?	_YesNo	Affiliate Depa	rtment	
Organization Name			Non-Profit	Profit
Organization Email Address				
Organization Address		City	State _	Zip
EVENT/MEETING INFORMATION				
Event Date S	tart Time	_ End Time	(setup &	clean up times must be included)
Name of Event			Numbe	er of Attendees
Description of Event				
SPACEAtriumClassroom Conference Cer Room Setup Details	A (up to 40 seating)(
Requesting MediaYesNo Brief Description of Media Request				
CATERING Are you requesting catering for your event? NOTE: No external food or beverages permitted.	YesNo ed. Must contact Collir		ng for catering needs	
SECURITY REQUIREMENT Are you requesting security for your event? Collin College Police Department provides all agrees to schedule security arrangement with	YesNo	campus events.	As a condition of gra	anting Facility Usage, Client