



RESERVATION REQUEST FORM

CONTACT INFORMATION

User/Contact Person _____

Department/Company _____

Office Number _____ Cell Number _____

Mailing Address _____

Email Address _____

EVENT INFORMATION

Name of Event _____

Date of Event _____

Times of Event (including setup and breakdown time) _____

Description of Event: _____

Check Setup Request: Auditorium Classroom Group Special

If you chose special, please specify: _____

PAYMENT INFORMATION

See Terms of Use for fee schedule and payment deadlines

Mark to be invoiced

Mark to pay with credit card

Card Type _____

Card Number _____ Exp. _____ CVV _____

Signature of Authorization _____

***Card will be charged 4% fee per transaction*

User Signature

Date

NMEC Approval Signature

Date