

**Comments/Questions** 

## Conference Services Facilities Leasing Request Form

Please √ appropriate box
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**New Client** 

**Returning Client** 

Today's Date			Intern	al Request	
CONTACT INFORMATION Contact Name			r Contact Email		
Are you affiliated with Collin College?	YesNo	Affiliate Depa	artment		
Organization Name			Non-Profit	Profit	
Organization Email Address					
Organization Address		City	State	Zip	
EVENT/MEETING INFORMATION					
Event Date	Start Time	End Time	(setup & cl	ean up times must be included)	
Name of Event			Number	of Attendees	
Description of Event					
SPACEAtriumClassroorConference Ce Room Setup Details	n A ( <i>up to 40 seating)</i> nterPil				
Requesting MediaYesNo Brief Description of Media Request					
CATERING  Are you requesting catering for your event?  NOTE: No external food or beverages permit			ng for catering needs.		
SECURITY REQUIREMENT  Are you requesting security for your event?  Collin College Police Department provides all agrees to schedule security arrangement wit	YesNo	campus events.	As a condition of gran		