**Mat-Su Health Foundation Conference Center**

**RESERVATION REQUEST FORM**

Date of Request: Click here to enter a date.

Event Date: Click here to enter a date.

Event Start Time: Click here to enter text. Event End Time: Click here to enter text.

**Event times must include enough time for proper set-up and clean-up.**

Event Name: Click here to enter text.

**Event Name will be displayed in the lobby for attendee information.**

Host Organization: Click here to enter text.

Address:

City: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text.

Authorized Representative: Click here to enter text. Title: Click here to enter text.

Contact Numbers :

Office: Click here to enter text. Cell: Click here to enter text.

E-mail: Click here to enter text.

Purpose of Event: Click here to enter text. Estimated Attendance: Click here to enter text.

Is event open for the public to attend? [ ] Yes [ ] No

|  |  |  |
| --- | --- | --- |
| **Room Name:**  |  **Maximum Capacity:** |  **Request Usage:** |
|  | chairs | chairs and tables | please check one |
| Prevention (Room A143) | 24 | 12 | [ ]  |
| Access (Room A145) \* | 36 | 24 | [ ]  |
| Wellness (Room A147) | 28 | 18 | [ ]  |
| Prevention and Access; combined | 64 | 36 | [ ]  |
| Access And Wellness; combined | 64 | 42 | [ ]  |
| Prevention, Access and Wellness; combined | 96 | 54 | [ ]  |

 \*Video/Teleconferencing is available in all meeting room.

|  |  |
| --- | --- |
| **Equipment Available:** |  **Request Usage:** |
|  | Please check all that apply |
| Audio/Visual equipment (to include computer) | [ ]  |
| Microphone (1 hand held and 1 lapel available per room) | [ ]  |
| Video Conferencing Capabilities | [ ]  |
| Teleconference Capabilities | [ ]  |
| Audio Enhancement Devices for hearing impaired (2 available per room) | [ ]  |

\*All flip charts, flip chart markers, dry-erase markers, and other necessary meeting items are the responsibility of the host organization to provide.

**Please send completed requests to** **admin@healthymatsu.org****.**