

Atlanta Metropolitan College

Application for use of Campus Facilities Off-Campus Application

This application must be completed and returned to the Fiscal Affairs Office, Library Building, Room 118, <u>No Later</u> than (10) working days prior to the scheduled event. (Please type or Print)

Please select the room(s)/as	rea requested:				
Conference Room A	Conference Room B	Academic Bldg. 210	Gymnasium	Outside Patio	
Small Classrooms	Medium Classrooms	Large Classrooms			
Contact Name:			Date:		
Contact Address:					
Organization:	rganization: Check here if Tax Exempt:				
Contact Phone Number:	Contact Phone Number: (Furnish a copy of Tax Exempt letter)				
Title of Event:	• *		•		
Date of Event:	"Actual" Start T	ïme:	"Actual" End Tim	e:	
College Catering? Yes No Number of People Attending: (Groups may NOT bring in their own food unless written approval is obtained from AMC College Cafeteria)					
Equipment/Service Requested: (PLEASE be as specific as possible!)					
Round Tables #:	Eight Ft. Tables #:	Chairs #:	Tables for	Food #:	
Tables for Handouts/Registration #: Podium W/ Microphone: Screen:					
LCD Projector:	Microphone #:	Lapel Microphe	ones #: S	Stage:	
Other Requests:					
	Believe	Begin • Become			
Please describe the setup arrangement you would like:					
I do hereby acknowled and agree to pay the be	lge that I have read the Atla elow stated fee.	anta Metropolitan Colle	ge facilities rental	terms and conditions	
Signature:			Date:		
For Office Use Room Rental Fee:					
Additional Fees:					
Total Fee:					
50% Deposit Required:					
Request Approved: Disapproved: Vice President's Signature					
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