



THE HUGHSTON FOUNDATION, INC.
FACILITY USAGE FORM

Please complete this form when requesting usage of a room and/or equipment or services in the foundation.

REQUESTING ORGANIZATION/PERSON: \_\_\_\_\_

PURPOSE OF EVENT: \_\_\_\_\_

CONTACT INFORMATION: NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_ PAGER: \_\_\_\_\_

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DATE of EVENT: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

SPACE NEEDED - CHECK ALL THAT APPLY

- Auditorium- LEFT/CENTER/RIGHT (Seats Approx. 150 People Comfortably)
Small Conference Room (Seats Approx. 12-14 People)
Lobby (Catering can set up here)
Library
Lab (Dry Lab, Wet Lab, Video)

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SERVICES OFFERED /EQUIPMENT AVAILABLE-CHECK ALL THAT APPLY

- Laptop Computer Hook Up
Laser Pointer
Pana-Board (whiteboard)
Conference Phone
Data Projector
Podium w/ speakers
Wireless Lapel Mics (2 available)
Wireless Handheld or on Stand Mics (2 available)
Screens (3 available)
Kitchen
Extra Tables(how many needed & where)
DVD/VCR

Other \_\_\_\_\_

LIST ANY ADDITIONAL VENDORS NEEDED OR YOU PLAN TO BRING ON SITE
i.e. CATERERS, JANITORS, etc. (Note: Please plan to remove food/drink items before leaving the foundation.)

\*\*\*\*If no equipment or services are needed, please indicate with initials. \_\_\_\_\_ \*\*\*\*

Please complete and sign this form to Morgan Rabatine @ MRABATINE@HUGHSTON.COM OR FAX TO 706-494-3379. A confirmation or response will be emailed or faxed to contact listed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_