

REQUEST FOR MEETING OR CONFERENCE ROOM RESERVATION FORM

Business or Organization Name: _____ Office#: _____

Contact Email: _____ Contact Telephone: _____

Instructions: Check the Meeting or Conference Room that is being requested.

Meeting must be held during the normal business hours. After-hour reservations can be approved on an individual basis.

_____ Director's Conference Room – maximum 10 - no food/drink *(in Admin Office Suite)*

_____ Main Conference Room – maximum 65

_____ Meeting Room 1 – maximum 8 *(main hallway at entrance)*

_____ Art Gallery Meeting Room – maximum 15 *(in Lifestyle Center)*

_____ Meeting and Counseling Room – maximum 5 - no food/drink *(Lifestyle Center Wellness Center)*

MEETING or EVENT INFORMATION

DATE: _____ Circle: M T W T F Sat Sun Number of Guests: _____

Reserved Time: Start _____ End _____ Actual Meeting/Event Time: Start _____ End _____

BRIEF DESCRIPTION OF MEETING/EVENT

Signature: _____ Printed Name: _____ Date: _____

For Office Use Only:

_____ Approved By: _____ Date: _____ _____ unable to approve at this time

Notes: _____



Enterprise Business Center of Louisiana