RESERVATION REQUEST FORM

You may return this form by fax (859-858-2244) or mail it to: Meetings at Asbury, 204 N. Lexington Avenue, Wilmore, KY 40390

GROUP INFORMATION

Group/Organization Name: _____   Event Dates: _____

Event Title: _____   Estimated Number of Participants: _____

Contact Person: _____   Phone: _____

Billing Address: _____   Fax: _____

_____   E-Mail: _____

Is your event/organization tax exempt?   No   Yes   If yes, we will need a copy of your tax exempt letter.

ROOMS REQUESTED:

Main Room: _____Time:_____ Number of Participants:_____

Auxiliary Room: _____Time:_____ Number of Participants: _____

Auxiliary Room: _____Time:_____ Number of Participants: _____

SET- UP AND AUDIO/VISUAL REQUESTS

Main Room Set-Up Requests

We will use the room "as-is" and do not have any set up needs.   **We have the following set-up needs**

Space set up options (see attached page, Appendix A, for examples):

Style		Other
Boardroom	U-Shape	Tablecloths
Classroom	Hollow Square/Rectangle	Podium (based on availability), floor or tabletop?
Auditorium	Banquet	Extra table for speaker or refreshments (#:____), Location?

Auxiliary Room Set-Up Requests

We will use the room "as-is" and do not have any set up needs.   **We have the following set-up needs**

Space set up options (see attached page, Appendix A, for examples):

Style		Other
Boardroom	U-Shape	Tablecloths
Classroom	Hollow Square/Rectangle	Podium (based on availability), floor or tabletop?
Auditorium	Banquet	Extra table for speaker or refreshments (#:____), Location?

Audio/Visual Requests

Please check one: We will not have any a/v needs.   We have the following a/v needs

Microphone w/ Stand,	Podium Microphone,	Overhead Projector,	Combination Package: LCD Projector, Screen, & Laptop,
Lapel Microphone,	TV/VCR/DVD (portable on cart),	Screen,	

<u>A reservation is not confirmed until all deposits have been paid and a contract has been generated and signed by both the party responsible for payment and a Guest Services Representative.</u>

---*For Office Use Only:*--

Date Submitted:

Entered into Maestro S/C#:	Meetings Calendar:	Insurance Waiver Rec'd:
Contracted Mailed, Date:	Deposit, Type/Amount:	Final BEO:
BEO Sent:	Date Contract Returned:	Paid in Full:
File Created:	Signed Policy Agreement:	Audit & Post: