

OSU South Centers & Endeavor Center at Piketon
Conference Room Registration Form

Date of meeting _____

Date reservation was made _____

Circle room(s) to be used: AUDITORIUM ● SMALL CONFERENCE ROOM ● LEARNING CENTER
TRAINING ROOM 160 ● CLASSROOM 165 ● CLASSROOM 173 ● COMPUTER LAB 159
CONFERENCE ROOM 112 ● COUNSELING ROOM 116 ● CAFETERIA AREA

Time room is to be used: From: _____ AM/PM to _____ AM/PM Number attending: _____

Fee for the use of the facility during the above listed time will be: \$ _____

Name of your organization: _____

Purpose of meeting: _____

Would you like coffee provided? YES NO

Will you be providing food? YES NO
(If you need space other than your reserved room to set up for catering please let us know).

Name (Authorized Representative): _____

Address: _____

City, State, Zip: _____

Phone No: _____ Fax No: _____ Email: _____

ROOM USE CHECKLIST

___ ☺ *Tables are free from papers, spills and empty containers*

___ ☺ *If food was served - counter and tables are clean*

___ ☺ *Coffee pots are washed*

___ ☺ ***BAGGED TRASH IS TO BE TAKEN OUT TO THE DUMPSTER***

___ ☺ *Tables and chairs must be returned to original position*

___ ☺ *Extra tables and chairs are put away*

I have read and will abide by all policies in this meeting room agreement.

Signature _____ Date _____

Contact person: Barbara Brackman - Direct Phone: 740-289-2071 (Ext. 301) or 289-1605
E-mail: brackman.2@osu.edu

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THANK YOU!!