



# Conference Center Reservation Form

## Organization and Meeting Planner Information:

Today's Date: \_\_\_\_\_

Full Legal Name of Organization: \_\_\_\_\_

Meeting Planner Name: \_\_\_\_\_ Meeting Planner Title: \_\_\_\_\_

Phone Direct: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

Organization Mission: \_\_\_\_\_

Organization Type:     Non-Profit (CBHC-Funded)     For Profit     Non-Profit (Not CBHC-Funded)     Government

## Meeting Information:

Meeting Name: \_\_\_\_\_

Meeting room requests will not be granted more than 180 days in advance.

Meeting Date - 1st Choice:	Meeting Date - 2nd Choice:
<b>Conference Center Hours:</b>	
Monday - Thursday	8:00 a.m. to 8:00 p.m.
Friday	8:00 a.m. to 4:00 p.m.
2nd and 4th Saturday of the month only	8:00 a.m. to 3:30 p.m.
Sunday	Closed
Meeting Planner Set-Up Times:	Start: _____ End: _____
Registration Times:	Start: _____ End: _____
Meeting Times:	Start: _____ End: _____

## Meeting Room and Setup Requirements:

Room requests are accepted, but will be granted only if availability permits. We do guarantee that we will provide adequate space based on your expected attendance.

Room Requested: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Please select your preferred room set up:

- |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> No Preference<br><input type="checkbox"/> Classroom (rows of tables, chairs on side facing front of room)<br><input type="checkbox"/> Clusters (6 seats per workstation)<br><input type="checkbox"/> Table for Materials<br><input type="checkbox"/> Extra Chairs<br><input type="checkbox"/> Extra Tables<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Hollow Square/Conference<br><input type="checkbox"/> U-Shape<br><input type="checkbox"/> Theater (rows of chairs, no tables)<br><input type="checkbox"/> Registration Table<br><input type="checkbox"/> Presenter's Workstation<br><input type="checkbox"/> Special (please attach diagram) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Audio/Visual Requirements:

Audio/Visual equipment is reserved on a first come, first serve basis. Your CBHC Conference Center Representative will let you know if the equipment that you are requesting is available. If you plan to provide your own A/V, please make sure that you allow sufficient time for the CBHC Conference Center Team to assist you with testing your equipment to ensure compatibility and/or proper functioning.

Please indicate which of the following items you would like to reserve and/or how many (0, 1 or 2).

- |                                          |                                                       |                                                                |                                                            |
|------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Laptop          | <input type="checkbox"/> DVD Player                   | <input type="checkbox"/> Podium                                | <input type="checkbox"/> Microphone Stand                  |
| <input type="checkbox"/> LCD Projector   | <input type="checkbox"/> VHS Player                   | <input type="checkbox"/> Power Point Remote Control            | <input type="checkbox"/> Display Easel (Quantity?) _____   |
| <input type="checkbox"/> Internet Access | <input type="checkbox"/> CD Player                    | <input type="checkbox"/> Wireless Microphone (Quantity?) _____ | <input type="checkbox"/> Dry Erase Board (Quantity?) _____ |
| <input type="checkbox"/> Speakerphone    | <input type="checkbox"/> Flip Chart (Quantity?) _____ | <b><i>Flip Chart Paper NOT Included</i></b>                    |                                                            |

**Food and Beverage:**

The Children’s Board of Hillsborough County does not provide catering. **No cooking of any kind is allowed in the building (no open flames, Sterno® cooking fuel or candles, etc.).** If your meeting will be catered by an outside vendor, please provide the information requested below.

**\*PLEASE NOTE THAT ALCOHOL IS NOT PERMITTED.**

Catering Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
On Site Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Service Type:  Buffet  Plated  Pre –Boxed Caterer Arrival Time: \_\_\_\_\_  
Meal Start Time: \_\_\_\_\_ Meal End Time: \_\_\_\_\_

**Important Reminders from our Term and Conditions:**

- **The Children’s Board Conference Center Team kindly requests the opportunity to briefly address your group to introduce the Children’s Board. This introduction will remain brief and should not exceed 5 minutes.** \*Please indicate your preferred time for a CBHC Representative to address your group: \_\_\_\_\_
- Free meeting space at CBHC is available on a scheduled, first come/first served basis as a community public service.
- CBHC is not a sponsor of the event and does not endorse or support the content of the material(s), presentation(s), staff, volunteer(s) or message(s) delivered during this activity!
- Meeting/Event times (including set-up, registration, doors, and start times) may not be scheduled prior to 8:00 a.m. Monday-Saturday.
- Meetings/events must end at least 15 minutes prior to when the Conference Center closes (8:00 p.m. Monday-Thursday, 4:00 p.m. Friday, and 3:30 p.m. Saturday). When estimating meeting "End Time", please consider and allow for post-meeting networking, discussion, meeting planner/presenter clean-up, etc.
- When requesting multiple dates/times (with the same meeting/event name and contact information) please attach a typed list of the dates and times you are requesting.

**By signing you are agreeing to all Children’s Board of Hillsborough County Conference Center Terms and Conditions outlined in: [Part 2 of 2 - Conference Center Reservation Contract- 1-30-17.docx](#)**

Full Legal Name of Organization: \_\_\_\_\_

Authorized Representative

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name

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

**REGISTRATION FORM MUST BE RETURNED TO: [reservations@childrensboard.org](mailto:reservations@childrensboard.org)  
or via fax at (813) 228-8122, Attn: CBHC Conference Center**