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: __________________________
Conference Center Hours:  
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:  
☐ No Preference  ☐ Hollow Square/Conference
☐ Classroom (rows of tables, chairs on side facing front of room)  ☐ U-Shape
☐ Clusters (6 seats per workstation)  ☐ Theater (rows of chairs, no tables)
☐ Table for Materials  ☐ Registration Table
☐ Extra Chairs  ☐ Presenter’s Workstation
☐ Extra Tables  ☐ Special (please attach diagram)
☐ Other: __________________________

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):  
☐ Laptop  ☐ DVD Player  ☐ Podium  ☐ Microphone Stand
☐ LCD Projector  ☐ VHS Player  ☐ Power Point Remote Control  ☐ Display Easel (Quantity?) _____
☐ Internet Access  ☐ CD Player  ☐ Wireless Microphone (Quantity?) _____  ☐ Dry Erase Board (Quantity?) _____
☐ Speakerphone  ☐ Flip Chart (Quantity?) _____  Flip Chart Paper NOT Included
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 in 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

or via fax at (813) 228-8122, Attn: CBHC Conference Center