

609 MAIN CONFERENCE CENTER RESERVATION FORM

Title of Meeting: _____ Date of Meeting: _____

Onsite Contact: _____ Onsite Contact Phone Number: _____

Setup Time: _____ Time (start-end): _____ Number of Attendees: _____

Tenant Charge Code: _____

Onsite Contact Email: _____

- Will attendees be coming from outside the building (using visitor parking)? Yes No
- How many cars? _____

Room(s)	Type of Room Setup	Equipment Needed
<input type="checkbox"/> Mercury \$50/day <input type="checkbox"/> Gemini \$60/day	<input type="checkbox"/> Boardroom	<input type="checkbox"/> Laptop <input type="checkbox"/> Teleconferencing <input type="checkbox"/> Videoconferencing <input type="checkbox"/> Other _____
<input type="checkbox"/> Apollo A \$150/day <input type="checkbox"/> Apollo B \$160/day <input type="checkbox"/> Apollo A/B Combined \$200/day	<input type="checkbox"/> Town Hall <input type="checkbox"/> Classroom <input type="checkbox"/> Training Room <input type="checkbox"/> U-Shape <input type="checkbox"/> Collaboration <input type="checkbox"/> Other	<input type="checkbox"/> Projector and Screen <input type="checkbox"/> Laptop <input type="checkbox"/> Teleconferencing <input type="checkbox"/> Standing Podium <input type="checkbox"/> Microphones <input type="checkbox"/> Other _____
<input type="checkbox"/> Entire Facility \$300/day		Check all boxes that apply

Caterer Information:

Name of Caterer: _____ Phone Number: _____

Timeframe of arrival: _____ Refreshment Location: Inside Room / Outside

Other Vendor(s): _____ Phone Number: _____

Timeframe of arrival: _____

Beverage Services:

- | | | |
|--|--------------------|----------------------------------|
| <input type="checkbox"/> Coffee & Tea | \$1.50/person | Number of Attendees: _____ |
| <input type="checkbox"/> Fruit Water | \$1.50/person | Number of Attendees: _____ |
| <input type="checkbox"/> Water | \$1.00/bottle | Charged based on consumption |
| <input type="checkbox"/> Soda | \$1.00/can | Charged based on consumption |
| <input type="checkbox"/> Assorted Snacks | \$54.50/46 pieces | Package not based on consumption |
| <input type="checkbox"/> Assorted Candy Bowl | \$26.00/100 pieces | Package not based on consumption |

Signature: _____ Date Submitted: _____

All conference center reservation request forms should be emailed to 609mainCC@hines.com. Cancellations must be emailed to the Conference Center Coordinator. If cancelled less than two business days' notice of the event, the room fee will be applied.

Office Use Only:
Billing Code: _____ Received by Hines: _____