

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? (15 Maximum) _____
- Note: Parking is not included in the conference center pricing.

Room(s): _____

Type of Room Setup:

Town Hall Training Room Boardroom U-shape Collaboration Other: _____

Equipment Needed:

Projector and screen Laptop Teleconferencing Videoconferencing Standing Podium Microphones
 Other _____

Caterer Information:

Name of Caterer: _____ Phone Number: _____

Timeframe of arrival: _____ Refreshments Inside/Outside Room: _____

Other Vendor(s): _____ Phone Number: _____

Timeframe of arrival: _____

Beverage Service:

- | | | |
|--|--------------------|--|
| <input type="checkbox"/> Coffee | \$1.50/person | Number of Attendees: _____ |
| <input type="checkbox"/> Soda | \$1.00/can | Charged based on consumption |
| <input type="checkbox"/> Water | \$1.00/bottle | Charged based on consumption |
| <input type="checkbox"/> Breakfast Snacks | \$22.50/25 pieces | Package not charged based on consumption |
| <input type="checkbox"/> Afternoon Snacks | \$54.50/46 pieces | Package not charged based on consumption |
| <input type="checkbox"/> Assorted Candy Bowl | \$26.00/100 pieces | Package not charged based on consumption |

Signature: _____ Date Submitted: _____

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

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