



Fax (870)239-2050
Phone (870)239-0969

Facilities Reservation Form – Computer Lab Training

Please fill out this form completely, read the policy statement, sign the bottom, and fax to (870)239-2050

Important: Please Read Carefully Before Reserving Facilities

The Greene County Industrial Training Center (GCITC) facilities are booked and configured specifically for you as indicated on this reservation form. GCITC rooms, computers, software, internet access, and any other resources are allocated exclusively for your session. Therefore, we must strictly adhere to our policies concerning cancellation and rescheduling.

Your organization may cancel or reschedule your facilities reservation up to **48 hours** before the scheduled date without penalty. At any time thereafter, you are responsible for a \$35.00 cancellation fee plus any and all fees incurred for catering and/or materials.

Your signature at the bottom of this form indicates your authority to enter this agreement and your understanding of this policy and that you agree to comply.

1 Contact & Billing Information

Company	Contact Name	Contact Phone
Address	E-Mail	Fax
City	State	Zip

2 Event Information

Name of Event/Training		List all dates		
Daily Start Time	Daily End Time	Number of Participants	Total Hours per day	Total Number of Days
Name of Trainer	Type of Trainer <input type="checkbox"/> Internal Company Employee <input type="checkbox"/> BRTC/GCITC Full-time/adjunct	If trainer is through outside organization, please provide name & brief explanation of how training is coordinated through GCITC/BRTC.		

3 Facilities & Equipment

Total # of Computers Needed (Max. 20)	Do you need software installed? (Fee Applies) <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Software Requirements
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4 Catering

<input type="checkbox"/> YES <input type="checkbox"/> NO	Check Choice of Caterer <input type="checkbox"/> Papa John's Pizza <input type="checkbox"/> Van's <input type="checkbox"/> Iron Horse BBQ <input type="checkbox"/> BRTC Choice <input type="checkbox"/> Other
Menu of Choice – Please provide a brief description of your lunch request.	
Refreshments (provided by BRTC unless otherwise specified) <input type="checkbox"/> Half Day (3.00/person) <input type="checkbox"/> Full Day (6.00/person)	
Morning Refreshments: <input type="checkbox"/> Coffee <input type="checkbox"/> Water <input type="checkbox"/> Sodas <input type="checkbox"/> Juice <input type="checkbox"/> Muffins OR Donuts Specify <input type="checkbox"/> Fruit (Add' Fee) Afternoon Refreshments <input type="checkbox"/> Sodas/Water <input type="checkbox"/> Cookies OR Chips Specify	

5 Additional Requirements or Special Instructions

If there are any additional hardware, software, facilities (second room needed), or miscellaneous requirements or instructions, please describe in detail on your company letterhead & attach or fax to GCITC with this form.

6 Contact Signature *(signature indicates acceptance of policies as outlined above)*

X	Date
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For GCITC Use Only

Date Rec'd	Member/Non Member Fee(s)	Facility Master
# of Rooms Req'd	Other Facility Fee(s)	Outreach Dept