MEETING/EVENT REQUEST FORM

Please print legibly.

PLEASE NOTE: Completion of this form does NOT guarantee your event can be accommodated. Please mail, email or fax the COMPLETED request form to the Office of Events and Conference Services (OECS) no later than two weeks prior to your event. Requests will not be processed until a completed Conference Inquiry Form is received. If your event is approved you may be required to submit a security deposit. If you cancel your event you will be charged for services rendered.

A Certificate of Insurance is required, regardless of the nature of your event. Purchaser shall provide its own liability insurance for all of its participants in the subject conference of not less than $2,000,000 per person simplified form and $2,000,000 per occurrence, to be written on simplified occurrence basis. Any reductions in coverage from the standard simplified form are to specifically listed and accepted by the College. The College is to be named as additional insured on that policy.

All participants must sign waivers prior to the meeting/event. Parents/legal guardians must sign waiver for youth participants. Copies of these waivers must be filed with the Office of Conference and Event Services and must be renewed regularly.

Today's date: _____ Contact person/group coordinator: _____

Business name: _____ Non-profit: _____Yes _____No

Mailing address: _____

Daytime phone number: _____ Fax number: _____

Email Address: _____

Name of conference/event: _____

Expected number of staff and participants: _____

Description of activities: _____

Type of meeting space/room needed: _____ Desired capacity of this space: _____

Event date: _____ Set-up time: _____

Start time: _____ End time: _____

Desired room arrangements: _____

The following options are fee based – please review the attached fee schedule:
Technology needs: _____

Audio/visual equipment needs:_____

Catering and food service needs (Outside caterers are not permitted without the permission of Sodexho Campus Services). Request a catering guide for options and prices.

Meal type, if needed (please circle all that apply): Breakfast Morning Break Lunch

Afternoon Break Dinner Evening Break

Additional requests or comments: _____

Contact person/group coordinator's signature: _____ Date: _____

Please return this completed form to:
Mary McLean, Paul Smith's College, PO Box 265, Paul Smiths, NY 12970-0265
fax (518) 327-6267 email mmclean@paulsmiths.edu