



Scott County Partnership

# LifeLong Learning Center Meeting Space Request

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Room Requested:

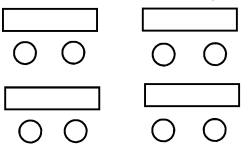
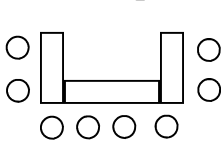
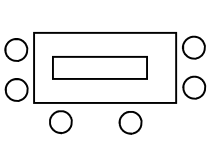
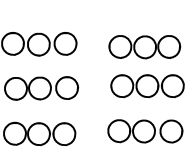
(Please complete a separate request form for each room requested, including breakout rooms)

Classroom A  Classroom B  Computer Center  Conference Room  Industrial Center

Date(s): \_\_\_\_\_ Begin Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_

Room Setup: \_\_\_\_\_ Number of Attendees: \_\_\_\_\_

Classroom Style	U-Shaped	Conference	Theater	Special (please draw)
				

### Equipment Requested (please check):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Overhead Projector and Screen  | <input type="checkbox"/> Easel with Flip Chart Pad     | <input type="checkbox"/> Television                                     |
| <input type="checkbox"/> Light Pro Projector and Screen | <input type="checkbox"/> Extra Flip Chart Pads _____ # | <input type="checkbox"/> VCR with Cart & TV                             |
| <input type="checkbox"/> Laptop Computer                | <input type="checkbox"/> Video Conference Equipment    | <input type="checkbox"/> DVD with Cart & TV                             |
| <input type="checkbox"/> Podium and Microphone          | <input type="checkbox"/> Mobile Copy Board             | <input type="checkbox"/> PC w/Internet Access & Ceiling Projection Unit |
| <input type="checkbox"/> Podium (Table Top)             | <input type="checkbox"/> Camcorder                     |   |

Special Requests/Instructions: \_\_\_\_\_

**SCOTT COUNTY PARTNERSHIP**  
Attn: Brandon Polley  
1092 W. Community Way  
Scottsburg, IN 47170

Phone: 812-752-7365

Fax: 812-752-9380

E-mail:

LLLC@scottcountypartnership.org

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORM MUST BE COMPLETED TO SCHEDULE A ROOM!**