Mercer County Extension Service Facility
MEETING ROOM RESERVATION FORM

• Make checks payable to Mercer County Extension District Board.
• Please read the attached meeting room policies and sign indicating receipt.
• Complete this form in its entirety.
RETURN THIS FORM TO: Mercer County Extension Service
1007 Lexington Road, Harrodsburg, KY 40330
Phone: 859-734-4378  Fax: 859-734-4379

Date of Event: __________________     Today’s Date: __________________
Start Time: ______________  (including setup)  End Time: ______________ (including take-down)
Organization: ___________________________ Estimated Attendance: __________
Contact Name: ___________________________ Contact Number(s): __________________
Address: ___________________________ Email: ___________________________

<table>
<thead>
<tr>
<th>GROUP TYPE</th>
<th>DEPOSIT (REFUNDABLE)</th>
<th>ROOM CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTENSION</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>EXTENSION SUPPORT</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>NON-EXTENSION, NON-PROFIT</td>
<td>$50</td>
<td>$1 PER HEAD, PER DAY</td>
</tr>
<tr>
<td>BUSINESS/INDUSTRY</td>
<td>$250</td>
<td>$250 PER DAY</td>
</tr>
</tbody>
</table>

1. What is your group type? (For more clarification, refer to Meeting Room Policies)
   □ Extension   □ Extension Support    □ Non-Extension, Non-Profit   □ Business/Industry

2. What is the event? __________________

3. What is the specific educational objective? __________________

I have read the Mercer County Cooperative Extension Service policies regarding use of public meeting rooms statement. In addition, I understand the Mercer County Extension Council/District Board is not responsible for accidents, injury, illness, or loss of group or individual property. I agree to pay any deposit/other charge as set forth in these policies and understand that cleaning fees will be assessed if meeting rooms are not left in acceptable condition. I also understand that the Mercer County Extension Service System is organized to provide all members of the county the opportunity to participate in educational programs enabling them to more effectively contribute to the well being of their families and community. All Extension programs are open to all persons irrespective of race, color, national origin, gender, religion, age and disability.

__________________________________________  ________________________________
Applicant/Contact Person                     Mercer County Extension Service Representative

**ALL REQUESTS WILL BE REVIEWED BEFORE APPROVAL**
ROOM(S) RESERVED:

- Meeting Room A – capacity = 75 with tables
- Meeting Room B – capacity = 100 with tables
- Kitchen – capacity = 15 with tables
- Project Room – capacity = 20 with tables
- Board Room – capacity 14 (NO food or drink)

Group is responsible for room setup, except for room divider.

Specify number of tables needed: __________

Specify number of chairs needed: __________

Position of meeting room divider (between A & B):  □ Open  □ Closed

Will food be served?:  □ No  □ Refreshments only  □ Meal (catered or pot-luck)

NOTE: NO food allowed in Board Room

EQUIPMENT AVAILABLE:

- Wireless microphone (meeting room B)
- Microphone with stand (meeting room B)
- Projector (meeting room B)
- CD/DVD/Video (meeting room B)
- Portable projector
- Coffee pot

Additional comments, requests or special needs:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________