



Conference Center Request Form

EVENT INFORMATION

SUBMISSION DATE: _____

Date(s) of Event(s): _____ Title of Event: _____

Hours Requested (include set-up and clean-up time): _____

Event Start Time: _____ Event End Time: _____

Conference Center Rooms: Full Conference Center One Room Two Rooms

Frequency: One-time Event Weekly Monthly

Type of Activity: _____

Number of participants expected: _____

Will you be serving food/drinks? _____

PLEASE NOTE: ALCOHOL IS NOT PERMITTED

Caterer Name: _____

Phone: _____ Email: _____

CONTACT INFORMATION

Program/Group/Organization: _____

Contact Person: _____

Address: _____ City: _____ Zip: _____

Day Phone: _____ Cell Phone: _____ Email: _____

Name: _____ Signature: _____

Acceptance of this request will not be complete until the requesting party and NorthPoint Health & Wellness Center Inc. execute a Conference Center Use Agreement and complete any other prerequisite actions identified in that Agreement. Any use of the Conference Center will be subject to the terms of such Agreement.

[Send completed form to: Maria.Tidwell@hennepin.us](mailto:Maria.Tidwell@hennepin.us)

FOR OFFICIAL USE ONLY

Approved? YES NO Walkthrough Date/Time _____ Staff Initials _____

Date Received _____ Rental Confirmation Date: _____ Room Number _____

Room Rental Fee: _____