**NorthPoint Health & Wellness**

**Conference Center Request Form**

**EVENT INFORMATION DATE:** Click here to enter text.

Date(s) of Event(s): Click here to enter text. Title of Event: Click here to enter text.

Hours Requested (include set-up and clean-up time): Click here to enter text.

Event Start Time: Click here to enter a date. Event End Time: Click here to enter a date.

Conference Center Rooms: [ ]  All Rooms [ ]  One Room [ ]  Two Rooms

Check One: One-time Event [ ]  Weekly [ ]  Monthly [ ]

Type of Activity: Click here to enter text.

Number of participants expected: Click here to enter text.

Will you be serving food/drinks? Click here to enter text.

\*PLEASE NOTE: ALCOHOL IS NOT PERMITTED\*

Caterer Name: Click here to enter text.

Phone: Click here to enter text. Email: Click here to enter text.

**CONTACT INFORMATION**

Program/Group/Organization: Click here to enter text.

Contact Person: Click here to enter text.

Address: Click here to enter text. City: Click here to enter text. Zip: Click here to enter text.

Day Phone: Click here to enter text. Cell Phone: Click here to enter text. Email: Click here to enter text.

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: NPCC@npimn.org

**FOR OFFICIAL USE ONLY**

Approved? YES [ ]  NO [ ]  Walkthrough Date/Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initials \_\_\_\_\_\_\_\_\_

Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rental Confirmation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room Number \_\_\_\_\_\_\_\_\_\_\_

Room Rental Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­