



Fax (870)239-2050  
Phone (870)239-0969

## Facilities Reservation Form      Non-Computer Training

Please fill out this form completely, read the policy statement, sign the bottom, and fax to (870)239-2050

### Important: Please Read Carefully Before Reserving Facilities

The Greene County Industrial Training Center (GCITC) facilities are booked and configured specifically for you as indicated on this reservation form. GCITC rooms, computers, software, internet access, and any other resources are allocated exclusively for your session. Therefore, we must strictly adhere to our policies concerning cancellation and rescheduling.

Your organization may cancel or reschedule your facilities reservation up to **48 hours** before the scheduled date without penalty. At any time thereafter, you are responsible for a **\$35.00 cancellation fee** plus any and all fees incurred for catering and/or materials.

Your signature at the bottom of this form indicates your authority to enter this agreement and your understanding of this policy and that you agree to comply.

### 1 Contact & Billing Information

Company	Contact Name	Contact Phone
Address	E-Mail	Fax
City	State	Zip

### 2 Event Information

Name of Event/Training		List all dates		
Daily Start Time	Daily End Time	Number of Participants	Total Hours per day	Total Number of Days
Name of Trainer	Type of Trainer <input type="checkbox"/> Internal <input type="checkbox"/> BRTC/GCITC <small>Company Employee      Full-time/adjunct</small>	If trainer is through outside organization please provide name & brief explanation of how training is coordinated through GCITC/BRTC.		

### 3 Facilities & Options

Room Layout: (all classrooms include computer, LCD projector, podium, and flipchart. Some include phone conferencing capabilities)

Normal Classroom Style (w/tables)     Other (specify in special instructions)    **Total Rooms Needed: (>1 Fee Applies)**

Please give a brief description of classroom(s) style needed      **\$ 25.00 fee will apply for setups outside the Normal Classroom Style**

### 4 Catering

<input type="checkbox"/> YES <input type="checkbox"/> NO	Check Choice of Caterer	<input type="checkbox"/> Van's	<input type="checkbox"/> Iron Horse BBQ
	<input type="checkbox"/> Papa John's Pizza	<input type="checkbox"/> BRTC Choice	<input type="checkbox"/> Other
Menu of Choice – Please provide a brief description of lunch requested			
Refreshments (provided by BRTC unless otherwise specified)		<input type="checkbox"/> Half Day (3.00/person)	<input type="checkbox"/> Full Day (6.00/person)
Morning Refreshments: <input type="checkbox"/> Coffee <input type="checkbox"/> Water <input type="checkbox"/> Sodas <input type="checkbox"/> Juice <input type="checkbox"/> Muffins <b>OR</b> Donuts    Specify		<input type="checkbox"/> Fruit ( <b>add'l Fee</b> )	
Afternoon Refreshments <input type="checkbox"/> Sodas/Water <input type="checkbox"/> Cookies <b>OR</b> Chips    Specify			

### 5 Contact Signature (signature indicates acceptance of policies as outlined above)

X	Date
---	------

#### For GCITC Use Only

Date Rec'd		Member/Non Member Fee(s)		Facility Master	
# of Rooms Req'd		Other Facility Fee(s)		Outreach Dept	