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

<table>
<thead>
<tr>
<th>Company</th>
<th>Contact Name</th>
<th>Contact Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>E-Mail</td>
<td>Fax</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

### 2 Event Information

Name of Event/Training

<table>
<thead>
<tr>
<th>Daily Start Time</th>
<th>Daily End Time</th>
<th>Number of Participants</th>
<th>Total Hours per day</th>
<th>Total Number of Days</th>
</tr>
</thead>
</table>

Name of Trainer

<table>
<thead>
<tr>
<th>Type of Trainer</th>
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</thead>
<tbody>
<tr>
<td>Internal Company Employee</td>
</tr>
<tr>
<td>BRTC/GCITC Full-time/adjunct</td>
</tr>
</tbody>
</table>

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

Check Choice of Caterer

- [ ] Van’s
- [ ] Iron Horse BBQ
- [ ] Papa John’s Pizza
- [ ] BRTC Choice
- [ ] Other

Menu of Choice – Please provide a brief description of lunch requested

Refreshments (provided by BRTC unless otherwise specified)

- [ ] Half Day (3.00/person)
- [ ] Full Day (6.00/person)

Morning Refreshments:  

- [ ] Coffee
- [ ] Water
- [ ] Sodas
- [ ] Juice
- [ ] Muffins **OR** Donuts Specify
- [ ] Fruit *(add’l Fee)*

Afternoon Refreshments:  

- [ ] Sodas/Water
- [ ] Cookies **OR** Chips Specify

### 5 Contact Signature  

(signature indicates acceptance of policies as outlined above)

X Date

For GCITC Use Only

<table>
<thead>
<tr>
<th>Date Rec’d</th>
<th>Member/Non Member Fee(s)</th>
<th>Facility Master</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Rooms Req’d</td>
<td>Other Facility Fee(s)</td>
<td>Outreach Dept</td>
</tr>
</tbody>
</table>