HAMILTON COUNTY
Mental Health & Recovery Services Board

REMINDER

USB drive required for all presentations

Conference Room Request Form

Agency Information:

Agency Name: _____

Purpose of Meeting (see authorized uses): _____

Name of Meeting to Appear on Directory (15 letter maximum):

Date(s) Meeting Room Needed: _____

Beginning Time: _____ Ending Time: _____

Contact Information:

Scheduler Contact Information:

Name: _____ email: _____ Phone Number: _____

On Site Contact Information:

Name: _____ email: _____ Phone Number: _____

Meeting Details:

Attendees: ◯ adults ◯ youth ◯ both Attendees: ◯ staff ◯ public ◯ both	Number of attendees: Will food be served? Yes ◯ No ◯
Is a projector required? Yes ◯ No ◯ *Presentations **must** be on a flash drive due to compatibility issues*	Are breakout rooms needed? Yes ◯ No ◯ If yes, how many?
Room set-up time: Clean-up complete by:	Note any special requests or need for handicap accessibility:

Signature: I have read the attached HCMHRSB Conference Room Rules and agree to abide by them.

Name (print or type): _____

Title (print or type): _____

Signature: _____

To submit form or ask questions email phoenixf@hcmhrsb.org or call 513-946-8600

For HCMHRSB use only

Approved by:		Room(s) Scheduled
Event Liaison Assigned	Notes:	
Date Room Scheduled	Room # Scheduled	Time Reserved