

WINDING BROOK CONFERENCE CENTRE

Conference Planner / Contract

8240 S. Genuine Road, Shepherd, MI 48883

Telephone: (989) 828-7373 OR (989) 875-5101 FAX: (989) 828-5619

| |
|---|
| Office Use Only / Date Booked: Tech Ticket # |
|---|

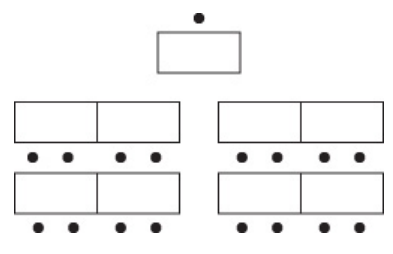
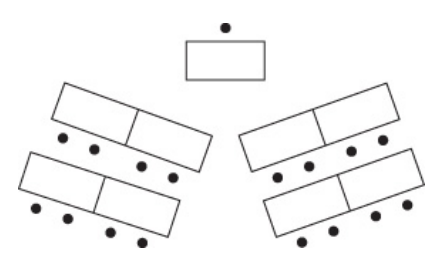
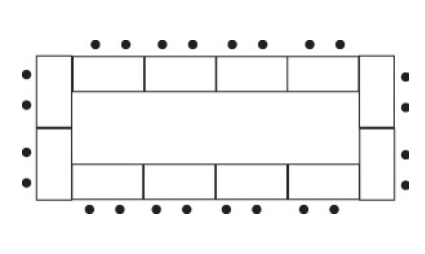
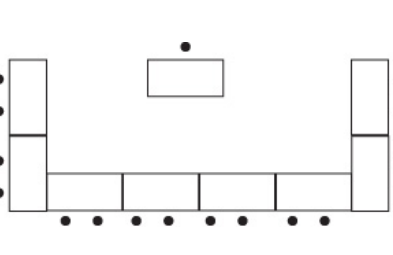
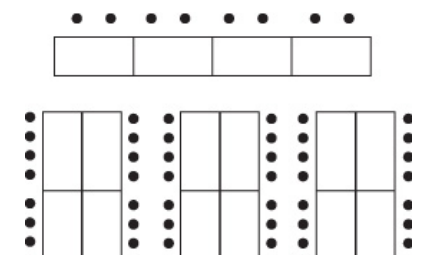
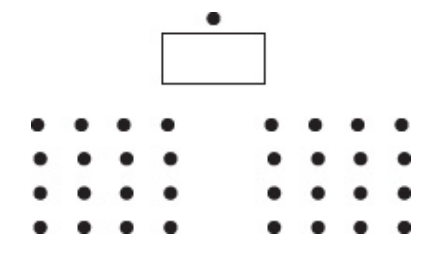
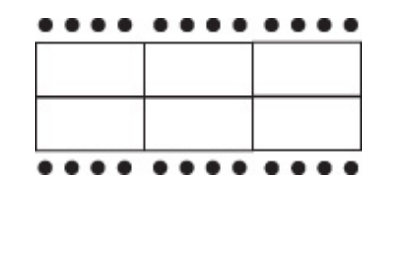
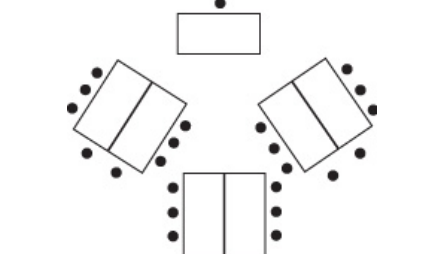

| | |
|-----------------------|--------|
| TITLE OF EVENT: | |
| DATE: | TIME: |
| SCHOOL/BUSINESS NAME: | |
| ADDRESS: | |
| CONTACT PERSON: | EMAIL: |
| DAY TELEPHONE: | FAX# |

| | | |
|---|---------------------------------|----------------|
| Number of Attendees: | Room Set Up: (See reverse side) | Assigned Room: |
| Room will be available 30 minutes prior to activity and 30 minutes after its scheduled end, unless other arrangements have been made. | | |
| Set- up Time: | Event Time: | Ending Time: |
| Special Needs (Be specific): | | |

| Audio Visual Equipment | | | | |
|--|--|--|---------------------|---|
| (\$50.00 a day per room for any mix of audio visual needs (Virtual Field Trips quoted separately) | | | | |
| All meeting spaces include a presenter laptop and a computer projector with sound. Free building-wide wi-fi service available. | | | | |
| | Video Projection Device | | Easel w/ pad | Podium |
| | Guest or Participant Laptops # needed _____ | | Wireless Microphone | Registration Table |
| | Single Line Conference Phone | | Lapel Microphone | Video Conference Equipment (quoted separately) |
| | Other Media or Equipment | | | |

| | |
|--|----|
| Conference Room Rental Fee: | \$ |
| Custodial Fee: (\$40.00 per hour after 4:00 p.m.) | \$ |
| Coffee: (\$1.25 per person) | \$ |
| Soft Drinks/Bottled Water: (\$1.25 per can/bottle) | \$ |
| Audio Visual Equipment (\$50.00 a day per room) | \$ |
| Technical Support: | \$ |
| Other: | \$ |
| Total: | \$ |

Seating Styles

| | | |
|--|---|--|
|  |  |  |
| Classroom Style | Modified Classroom | Open Square |
|  |  |  |
| U Shape | Banquet Style | Theater Style |
|  |  |  |
| Conference Style | Block Style | Other |

| | | | | | |
|---|------------|-------|------------|--------|----------------|
| Breakfast | A.M. Snack | Lunch | P.M. Snack | Dinner | Beverages Only |
| Special Dietary Needs _____ | | | | | |
| Linens <i>(additional charge)</i> | | | | | |
| Menu options will be provided | | | | | |
| <ul style="list-style-type: none"> • Cancellation of events must be received 48 hours prior to scheduled time. • GIRESD Board of Education prohibits the use of tobacco or alcohol on District premises, in District vehicles, and in all school buildings owned and/or operated by the District. • Auxiliary aids and services available upon request to individuals with disabilities. • Please complete entire form and return to: Winding Brook Conference Centre Attn: Shelly Jones 8240 S. Genuine Road Shepherd, MI 48883 Phone: 989-828-7373 Fax: 989-828-5619 Email: sjones@giresd.net | | | | | |
| Signature of Contracting Party: _____ | | | | | Date: _____ |

