



Conference Center Request Form

EVENT INFORMATION

SUBMISSION DATE: _____

Date(s) of Event(s): _____ Title of Event: _____

Hours Requested (include set-up and clean-up time): _____

Event Start Time: _____ Event End Time: _____

Conference Center Rooms: Full Conference Center ☐ One Room ☐ Two Rooms ☐

Technology needs: Monitors ☐ Microphones ☐ 360-degree camera ☐

Frequency: One-time Event ☐ Weekly ☐ Monthly ☐

Type of Activity: _____

Number of participants expected: _____

Will you be serving food/drinks? _____

PLEASE NOTE: ALCOHOL IS NOT PERMITTED

Caterer Name: _____

Phone: _____ Email: _____

CONTACT INFORMATION

Program/Group/Organization: _____

Contact Person: _____

Address: _____ City: _____ Zip: _____

Day Phone: _____ Cell Phone: _____ Email: _____

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: _____