



Multicultural Center Reservation Request Form

Please read the MCC Room Use information prior to submitting a reservation request.

MCC Room Use Information: Reservation requests for use on weekends or after 5:00 must be submitted **two weeks** in advance. Reservation requests for use during business hours must be submitted one week in advance. Effective 1/1/12, the MCC may be occupied for no more than three hours for each reservation. In order to maintain eligibility for future MCC use, cancellations need to be provided at least **one day (24 hours)** in advance. The MCC is available for use of University-affiliated groups to hold business meetings, classes, educational discussions or group forums, as well as educational activities and events. Before confirming the reservation, the hosting party must agree to the terms and conditions of the room use including being responsible for damages created by the attendees, cleaning the room after each use, and returning the room to its regular furniture configuration. The conduct of MCC users should characterize the mission and values of Western Michigan University by adhering to the Student Code, Employee Handbook, RSO Handbook, and Guidelines for Copyright and General Information Use. <http://www.wmich.edu/conduct/> <http://www.wmich.edu/hr/handbook/> <http://www.wmich.edu/oit/policies/copyright-guidelines.html>

Today's Date: _____ Department/WMU-affiliated-Group: _____

Contact Name: _____

Contact Phone Number: _____ Contact E-mail Address: _____

Event Date (MM/DD/YY): _____

Start Time (include set-up time): _____ AM _____ PM

End Time (include tear-down time): _____ AM _____ PM Reflects when the group vacates the MCC

Type of Function: _____ Expected number of attendees: _____

Room Request(s): Multicultural Center (Max Capacity: 137) Small Conference Room (Seats 8)

Special Request(s): Kitchen; Projector (replacement \$500); Laptop (replacement \$800); Podium;

Microphone (replacement \$95); Additional Chairs (up to 78); Additional Tables (up to 2);

Popcorn Popper (replacement \$450); Extension Cord 25' (replacement \$10)

Fund/Department (Cost Center) to charge in the event of damage (XX-XXXXXXX): _____

Signature: _____ Date (MM/DD/YY): _____

Please return completed form to the Office of Diversity and Inclusion in the Adrian Trimpe Building.

For Office Use Only Date Received: _____ Room Available? _____ **Yes:** Date Added to Calendar _____

If SOD is needed, date contacted: _____ Date SOD confirmed: _____

Name of SOD: _____ Date SOD Added to Calendar: _____

Verified by (Initials & Date): _____ Initials & Date for Confirmation E-mail Sent: _____

No: Initials & Date of Room Unavailable E-mail Sent: _____ Date Canceled: _____

Name of Person Canceling Reservation: _____

Date/initials e-mail sent confirming cancellation: _____ Initials & Date Cancellation Noted in Calendar: _____