



UMMC Conference Center  
Jackson Medical Mall

Mailing Address

2500 North State Street  
Jackson, Mississippi 39216-4505

Physical Address

350 W. Woodrow Wilson Dr.  
Jackson, Mississippi 39213-

Conference Center Coordinator  
(601) 815-6110 (601) 984-1309(fax)  
[anlewis@umc.edu](mailto:anlewis@umc.edu)

**UMMC EVENT REQUEST FOR SPACE FORM**  
**This form is Form Field and must be typed**

**This form is to request space in the conference center. You will receive confirmation of approval within five business days.** We are looking forward to accommodating you at the UMMC Conference Center. To request space, please complete and sign this form and return it to the UMMC Conference Center. At that time your booking form will be confirmed. Retain a copy for your files.

Name of Department/Division: \_\_\_\_\_

Name of UMMC Event: \_\_\_\_\_

Estimated Number of Attendees: \_\_\_\_\_

Type of UMMC Event (i.e. CPR for healthcare providers) \_\_\_\_\_

Date(s) of UMMC Event: \_\_\_\_\_ Time You Will Arrive: \_\_\_\_\_ Time Event Starts: \_\_\_\_\_ Time Event Ends: \_\_\_\_\_

UMMC Contact Person: \_\_\_\_\_ UMMC Email Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**PLEASE ATTACH AN ACTIVITY AGENDA TO THIS APPLICATION. IF NO AGENDA IS AVAILABLE, ATTACH TOPICS AND FORWARD COMPLETE AGENDA AS SOON AS POSSIBLE.**

**BILLING INFORMATION**

CHARGE TO DEPARTMENT (journal entry at the end of the month of the event) – Budget signature authority required on signature page.

Please provide accounting unit # \_\_\_\_\_ AND activity # \_\_\_\_\_, if applicable.

REGULAR INVOICE

**IF NON UMMC ENTITY IS TO PAY BILL(S) COMPLETE THIS SECTION**

Will paying organization be responsible for all charges?  Yes  No

If no, please specify: \_\_\_\_\_

Is the organization Mississippi state tax exempt?

YES  NO If yes, please provide exemption letter from the Mississippi State Tax Commission.  
(Without proper documentation, tax will be assessed.)

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

## SPACE REQUIREMENTS

Please indicate preferred room set-up:

Classroom       Theater       Other (specify) \_\_\_\_\_

Each room includes laptop, projector and projector screen.

	<b>Fee</b>	<b>Classroom</b>	<b>Theater</b>	<b>U-Shape</b>
<input type="checkbox"/> <b>Dunleith:</b> 70 X35 (with dividing screen open)	\$60.00	Seats 110	Seats 135	Seats 50
<input type="checkbox"/> <b>Dunleith West:</b> 42 X 35 (with dividing screen closed)	\$45.00	Seats 50	Seats 65	Seats 30
<input type="checkbox"/> <b>Dunleith East:</b> 28 X 35 (with dividing screen closed)	\$45.00	Seats 60	Seats 70	Seats 30
<input type="checkbox"/> <b>Rosalie:</b> 30 X 20	\$45.00	Seats 25	Seats 35	Seats 25
<input type="checkbox"/> <b>Rowan Oak:</b> 60 X 25	\$45.00	Seats 85	Seats 100	Seats 50
<input type="checkbox"/> <b>Linden Lobby:</b> 71 X 38	\$50.00	Seats 25	Seats 50	Seats 30
<input type="checkbox"/> <b>Longwood Concourse:</b> 121 X 30	\$70.00	<b>Banquet style only – Seats 96</b>		---
<input type="checkbox"/> <b>Stanton Hall Auditorium:</b> 109 X 62	\$170.00	---	Seats 500	---
<input type="checkbox"/> <b>ALL SPACE (includes all rooms listed above)</b>	\$400.00	---	---	---

**Note: An additional fee of \$10 per hour will be assessed prior to 7:30 AM and after 5 PM.**

**Weekend rates will be assessed an additional \$10 per hour.**

Longwood Concourse is available at no fee for registration, exhibits and food functions when any of the above rooms are reserved. Linden Lobby is available at no fee when Stanton Hall Auditorium is reserved.

No registration tables required       Registration tables required.      Number needed: \_\_\_\_\_  
 No exhibit tables required       Exhibit tables required.      Number needed: \_\_\_\_\_

## CATERING

If you need catering ordered through UMMC's Catering Service, please fill out this section. Indicate your catering needs below, then request a menu from the Conference Center Coordinator to make your food item selections.

**NOTE: CATERING MENU MUST BE SUBMITTED 14 DAYS PRIOR TO EVENT.**

**FINAL COUNT FOR ALL CATERING – NO LATER THAN 5 DAYS PRIOR TO EVENT,  
 NO CHANGES MAY BE SUBMITTED AFTER THAT DATE.**

<input type="checkbox"/> <b>Breakfast</b>	Serving time _____	Number to be served _____
<input type="checkbox"/> <b>Lunch</b>	Serving time _____	Number to be served _____
<input type="checkbox"/> <b>Dinner</b>	Serving time _____	Number to be served _____
<input type="checkbox"/> <b>Morning Refreshments</b>	Serving time _____	Number to be served _____
<input type="checkbox"/> <b>Afternoon Refreshments</b>	Serving time _____	Number to be served _____
<input type="checkbox"/> <b>Reception</b>	Serving time _____	Number to be served _____

## SECURITY

**Do you require a security officer to remain inside the UMMC Conference Center during your event for a charge of \$13.00 per hour?**       Yes       No

**EQUIPMENT**

**Indicate needed items below:**

- Laptop Computer w/DVD & Wireless Remote, LCD Projector
- Audience Response Clickers    number needed \_\_\_\_\_
- Screen
- Podium
- Easel(s)            number needed \_\_\_\_\_
- Lapel Mic
- Laser Pointer
- Wireless Handheld Mic
- TV/VCR
- Conference call set-up: \$10.00 additional fee

Do you require on-site technician(s) to operate equipment?  Yes  No  
 If yes, what time? From: \_\_\_\_\_ To: \_\_\_\_\_      If yes, how many? \_\_\_\_\_

I will bring my own audio-visual equipment and be responsible for operation of said equipment.  
 Please specify equipment: \_\_\_\_\_

If you require equipment not listed, please discuss availability with the Conference Center Coordinator.

**OTHER CHARGES (if applicable)**

On-site photo copies.....\$ .10 per copy

We can assist you in renting additional equipment or services through UMMC Multi-Media Services.

## POLICIES

This form officially reserves the UMMC Conference Center facilities for your department/division.

- If written notice of cancellation is received by UMMC Conference Center more than **30 days prior to the date** of your event, a cancellation fee will not be charged.
- If no written notice of cancellation is received a fee of **\$50** will be assessed.
- If damages are incurred, additional charges will be assessed depending on damage.
- All groups must comply with UMMC, Jackson Medical Mall, city, state, and federal regulations.
- The UMMC Conference Center is a “Smoke-Free” facility. Smoking is prohibited within the confines of the perimeter fence or in the building.
- UMMC Conference Center assumes no liability for any damages or loss of any articles left in the UMMC Conference Center prior to, during or following an event.
- If the paying organization is a non-UMMC entity they will be charged sales tax unless proof of exemption is received.
- Bills not paid within 30 days will be charged a 1.5 percent late fee.
- The Conference Center does not allow any items (paper or otherwise) to be taped to any wall, door or other surface.
- If local or national media are invited to attend, a Media Form must be completed and submit with this form.
- All equipment and materials shipped to the Conference Center should be sent to the physical address listed above, Attention Bo Lewis.
- Conference Center charges are subject to change without notice.

**NOTE: THE SPACE AND DATE YOU ARE REQUESTING CANNOT BE CONFIRMED UNTIL THIS FORM IS COMPLETED, SIGNED BY DEPT. PERSON WITH BUDGET SIGNATURE AUTHORITY, AND SUBMITTED TO THE CONFERENCE CENTER COORDINATOR.**

UNIVERSITY OF MISSISSIPPI MEDICAL CENTER  
DEPARTMENT/DIVISION

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_