



CONFERENCE CENTER FACILITIES REQUEST FORM

Submit form to City Hall, Redevelopment Commission Director's office (via email, fax or mail) (Email: rspringer@cityofshelbyvillein.com, Fax: 317-392-5143, 44 W. Washington St., Shelbyville, IN 46176)

Date Request Submitted: _____

Name of Group/Organization: _____

Contact Person: _____

Address: _____

Phone Number: (Home) _____ (Cell) _____ (Work) _____

E-mail Address: _____

Alternate Contact Person: _____ Phone: _____

Requested Purpose: _____

Date Facility Needed

Day of Event: Sun - Mon - Tues - Wed - Thurs - Fri - Sat

Event Date: _____

Start Time: _____ End Time: _____

Approximate # of Attendees: _____

If different from Event Date and Time:

Set up Date: _____ Set up Time: _____

Rehearsal Date: _____ Rehearsal Time: _____

Normal Rate Schedule*

Room/Hall	Hourly Rate	½ Day Rate (4 Hrs)	Daily Rate (8 Hrs)
Meeting Hall	\$65	\$200	\$300

Non-Profit Rate Schedule*

Room/Hall	Hourly Rate	½ Day Rate (4 Hrs)	Daily Rate (8 Hrs)
Meeting Hall	\$50	\$150	\$250

***Refundable Security Deposit of \$100.00 Required**

Additional Information

After submitting Request Form, you will be notified of the availability during the requested times. If the room is available, you will be provided with a Rental Agreement, which must be signed and returned with payment.

For any additional information, questions, comments or concerns, please contact Redevelopment Commission Director's office at 317-398-6624 (Office), 317-395-7004 (Direct) and/or via email at rspringer@cityofshelbyvillein.com.

The City of Shelbyville reserves the right to deny requests for any legal reason, and to impose special conditions on the rental as appropriate.

As part of the facilities request process, I acknowledge I have been provided a copy of the Intelliplex Conference Center's Conditions for Use, I have read it in its entirety, and I agree to its terms.

Signed: _____ **Date:** _____

(print first/last name)