

METROPOLITAN COMMUNITY COLLEGE

EXTERNAL SCHEDULING REQUEST

Requestor:				Business or Organization:			
Non-Profit 501(c)3#:			For Profit YES - <input type="checkbox"/> NO - <input type="checkbox"/>			Other (explain):	
Email:			Phone #			Fax #	
Address		Street:		City:		State:	Zip:
Contact Person:				Business or Organization:			
Email:			Phone #			Fax #	
Address		Street:		City:		State:	Zip:
Target Group:				Speaker:			
Is your organization charging a participant fee? YES - <input type="checkbox"/> NO - <input type="checkbox"/> If yes, amount?							
Is your organization charging a vendor fee? YES - <input type="checkbox"/> NO - <input type="checkbox"/> If yes, amount?							
Event Type/Description:							
Date(s):				Estimated Attendance:			
Event Beginning Time:				Ending Time:			
Setup Completion Date:				Time:			
Requested Location(s)	Fort Omaha Bldg. # <input type="checkbox"/>	Elkhorn Valley <input type="checkbox"/>	South Omaha CON <input type="checkbox"/> ITC <input type="checkbox"/> MHY <input type="checkbox"/>		Applied Technology Center <input type="checkbox"/>	Fremont Center <input type="checkbox"/>	Sarpy Center <input type="checkbox"/>
Building (if required):				Room #:			
Services Requested (check appropriate boxes)							
<input type="checkbox"/> Audio Visual Set-ups				Please explain: (Microphone, podium)			
<input type="checkbox"/> Facilities Setup				Please explain: (Workshop, Conference, classroom etc)			
<input type="checkbox"/> Public Safety Assistance				Please explain:			
<input type="checkbox"/> Catering				Please explain: (Breakfast, Lunch, Dinner, Break Service, Reception, Bar Service)			
Remarks:							
Signature of Requestor:				Title:		Date:	
Certificate of Insurance required/received: YES - <input type="checkbox"/> NO - <input type="checkbox"/>							
Hold Harmless Agreement required/received: YES - <input type="checkbox"/> NO - <input type="checkbox"/>							
MCC Facility Use Group		Approved <input type="checkbox"/>		Denied <input type="checkbox"/>		Date:	
Submit request to Event Services:				Fort Omaha Campus, PO Box 3777, Omaha, NE 68103-0777 Contact: Hanne Kruse 402-457-2241 hkruse@mccneb.edu Fax 402-457-2884			