

Meeting/Workshop Event Form



Southside Communication Center

2331 S. Salina Street, Syracuse, NY 13205
315.314.6303

Hours: Mon, Tues, Wed, Thurs, Fri 3pm-7pm

Today's Date: _____

Sponsoring Organization: _____

Mailing Address: _____

Contact Name: _____

Contact email address: _____

Phone: _____ FAX: _____

Person Responsible: _____

Email address: _____ Phone: _____

Signature of responsible Person: _____

or Name of Responsible person notified _____

Name of Event: _____

Purpose of Event: _____

___ Board/Conference Room (Seats 12 max)

___ Classroom/Conference Room (Seats 20 max)

Meetings fee- \$25 for 2 hours then \$15 for each additional hour up to 3 hours (due upon arrival to event at the South Side Communications Center)

Workshop fee \$125 for 3-6 hours (\$75 deposit due 1 week prior to event, balance due upon arrival to event at the South Side Communications Center)

Event Date: _____ Beginning Time: _____ Ending Time: _____

Number of persons attending: _____ (please maintain a list of attendee's for future reference)

Equipment needed:

Podium, Table(s) # _____, Chair(s) # _____ (Applicant responsible for set up and clean up)

If Food served who is provider: _____

To expedite your request approval, please schedule your event during the following hours:

Mon-Fri 3pm-7pm. Please submit requests for Meetings 2 weeks in advance and 3 weeks in advance for Workshops to shante-el@twcny.rr.com. You will receive a response within one week of your request.