

GEORGIA SOUTHERN UNIVERSITY
A Unit of the University System of Georgia

FACILITIES SCHEDULING OFFICE
Continuing Education Center
Post Office Box 8124
Statesboro, GA 30460-8124

TO: FACILITIES SCHEDULING

FAX NUMBER: 912.478.0306

DATE: _____

FROM: _____

Telephone _____

Email _____

NUMBER OF PAGES _____

INCLUDING THIS PAGE: _____

MESSAGE: _____

VOICE TELEPHONE 912.478.0110
FAX NUMBER 912.478.0306



Nessmith-Lane Continuing Education Building Facilities Request Form

<http://ceps.georgiasouthern.edu/nessmith-lanebuilding.html>

General Information

FOOD SERVICES

All food and beverage must be arranged through Georgia Southern University's Catering Services within Auxiliary Services. The contact number for Mr. Greg Crawford, Director of Catering, is 912-478-5073.

ADVERTISEMENT

References to the Nessmith-Lane Building, Continuing Education Center, or the Division of Continuing Education and Public Service, and Georgia Southern University in advertising by facility users are limited to information that would identify the location and name of building, unless prior approval has been granted from the Dean of Continuing Education and Public Service.

HOW TO REQUEST THE NESSMITH-LANE FACILITY AND RELATED SERVICES

A Nessmith-Lane staff person will review your submitted Facilities Request Form and contact you as soon as possible in order to clarify your request and to answer any questions you may have about reserving space.

If your program/activity is a conference, trade show, or if it involves training, workshops, or exhibits, a Continuing Education program/event staff member will contact you to discuss services provided by the Division of Continuing Education and Public Service.

All conferences, trade shows, exhibits and workshops must be booked and negotiated through the Continuing Education Center. Re-sale of space within the Nessmith-Lane facility is prohibited.

How Did You Hear About Us?	<input type="radio"/> Postcard <input type="radio"/> Web <input type="radio"/> Magazine Ad <input type="radio"/> Catalog <input type="radio"/> Brochure <input type="radio"/> Other _____
Date(s) of Event	
Date of Request	
Event Name	
Event Time	From: _____ To: _____
Event Description	_____ _____
Type of Event (Check all that apply)	<input type="radio"/> Meeting <input type="radio"/> Trade Show <input type="radio"/> Workshops <input type="radio"/> Conference <input type="radio"/> Exhibits <input type="radio"/> Meal Function/Reception <input type="radio"/> Training <input type="radio"/> Other _____
Number of Room(s) Requested	
Estimated Number of Attendees	
Person Making Request	
Event Contact Person (if different from Requestor)	Name: _____ Organization: _____
To whom should any bills be directed?	_____
Address: _____	
Phone: _____ Fax: _____	
E-mail: _____	
Identify any other Continuing Education Unit or other Academic Institution Involved: _____	
Georgia Southern University Department Making Request _____	
Is any other Georgia Southern University department involved in the sponsorship of this event? <input type="radio"/> Yes <input type="radio"/> No If yes, what department(s)? _____	
Organization Making Request _____	
Organization / Group Involved _____	
Address: _____	
Phone: _____ Fax: _____	
E-mail: _____	

