



MICHIGAN PHARMACISTS ASSOCIATION

## ROBINSON LEADERSHIP CENTER RESERVATION FORM

Event Date: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Anticipated Number of Attendees: \_\_\_\_\_

### Contact Information

Company Name: \_\_\_\_\_ Person in Charge: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_ Type of Event: \_\_\_\_\_

### Catering Information

Will event be catered? ☐ Yes ☐ No

Will liquor be served? ☐ Yes ☐ No

*(If yes, copy of liquor license must be provided)*

Company Name: \_\_\_\_\_ Person in Charge: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Caterer's Arrival Time: \_\_\_\_\_

### Audio/Video Equipment and Room Set-up

Will you need to rent audio/video equipment? ☐ Yes ☐ No

*(If yes, please see list of available items and pricing)*

Will you need room access prior to event? ☐ Yes ☐ No

Will room set-up be needed prior to event? ☐ Yes ☐ No

*(If yes, please refer to diagrams for set-up options)* Set-up style chosen: \_\_\_\_\_

*Return your completed form to: Michigan Pharmacists Association, 408 Kalamazoo Plaza, Lansing, MI 48933;  
fax to (517) 484-4893; or e-mail to [Cynthia@MichiganPharmacists.org](mailto:Cynthia@MichiganPharmacists.org)*

#### For MPA Staff Use Only

Deposit Received? \_\_\_\_\_ Date: \_\_\_\_\_ Reservation Confirmed? \_\_\_\_\_ Date: \_\_\_\_\_

Deposit Refunded? \_\_\_\_\_ Date: \_\_\_\_\_ Check Number: \_\_\_\_\_ Employee Initials: \_\_\_\_\_