

# APCC Reservation Request Form

## Contact Information

Organization/Department: \_\_\_\_\_

Account Number: \_\_\_\_\_

• all 13 digits required to reserve date

Primary Contact:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Secondary Contact:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

## Event Information

Event Date(s): \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Type: \_\_\_\_\_

## Rooms (select all that apply)

**1011B**

Start Time \_\_\_\_\_

End Time \_\_\_\_\_

Est. Attendance: \_\_\_\_\_

**1011C**

Start Time \_\_\_\_\_

End Time \_\_\_\_\_

Est. Attendance: \_\_\_\_\_

**Lobby**

Start Time \_\_\_\_\_

End Time \_\_\_\_\_

Est. Attendance: \_\_\_\_\_

**Presidential Dining Room**

Start Time \_\_\_\_\_

End Time \_\_\_\_\_

Est. Attendance: \_\_\_\_\_

**Hagler (300 seat)**

Start Time \_\_\_\_\_

End Time \_\_\_\_\_

Est. Attendance: \_\_\_\_\_

**Frymire (600 seat)**

Start Time \_\_\_\_\_

End Time \_\_\_\_\_

Est. Attendance: \_\_\_\_\_

## Catering

Admiral  Chartwells  Chef Tai  Christopher's  D'Vine Cuisine  Casual  Outside Approval  None

## Alcoholic Beverage Service

Yes  No

\*All information is required to complete request, this is a request only, not a confirmation of reservation.  
Catering, Parking, and Alcohol arrangements are made separately

## APCC Statement of Agreement

I agree that my/our use of this facility will conform to the policies of the Annenberg Presidential Conference Center and Texas A&M University. I, and my Organization, will reimburse the Annenberg Presidential Conference Center for any and all costs incurred through my/our use of the facility. All charges or damages arising from my/our use will be my responsibility and that of the group I represent.

**Late Cancellation Notice:** All Non-Academic users will be billed 50% of flat rate facility usage fee, Academic users will be billed a \$200 fee as determined by Director for any reservation cancelled later than 2 weeks before the date of the event.

This agreement is binding on all functions of my organization (office, department, or college).

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Signature of Authorized Representative  
(i.e. Dean, Director, Department Head)

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Printed Name of Authorized Representative  
(i.e. Dean, Director, Department Head)

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Today's Date

TAMU Mailstop

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Event Date

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Billing account number