Great Lakes Maritime Center
Vantage Point
51 Water Street
Port Huron, Michigan 48060
Office (810) 985-4817
Fax (810) 985-9171

MEETING ROOM REQUEST

Date(s) requested: _____

Time(s) requested: _____ **(include AM or PM)**

Date Submitted: _____

Name of Organization: _____ **501(C)(3): Yes___ No ___**

Contact Name: _____

Telephone Number: (_____)_____ Email Address: _____

The Great Lakes Maritime Center is available for use by Maritime related organizations. Other organizations may rent meeting rooms on an as available, non-recurring basis at the discretion of Acheson Ventures.

Rooms:
There are two rooms available each with a seating capacity of 32 in a classroom style setup. These can be combined into one room for larger events.

Charges: Small rooms **$100.00** (**$50.00** for Non-Profit groups)
Large room **$200.00** (**$100.00** for Non-Profit groups)

Payment is made payable to Acheson Ventures, and is due on or before your event.

Terms:
The user named above agrees to the following:

Meeting with a representative of the GLMC to ensure a clear understanding of the event and your needs such as table arrangements, audio-visual needs, food and/or beverage service.
You are responsible for the behavior of the attendees and general cleanliness of the room following the event.

If your schedule or needs change, please contact the GLMC or Acheson Ventures as soon as possible.

The serving of alcohol is not permitted.

Number of people expected to attend? _____ (maximum capacity is 32 for small room, 64 for large room set-up)

Will beverage or food service be needed during meeting?
Food : Yes ____ No ____ Beverage: Yes ____ No ____
(You may provide your own food service, or contact "Chef Shell's Catering," Operator of The Coffee Harbor, 966-8371).

Audio-visual equipment needed for meeting? Yes ____ No ____
The following equipment is available laptop, polyvision screen, both drop down and portable screens, VHS/CD player, large screen projector, Internet access. Please discuss your needs with the GLM C.

If "yes", what will be needed _____

General notes regarding your program.

_____

_____

_____

_____

Room layout styles: Please indicate how you would like the room arranged.

_____

_____

_____

Signature of requesting individual: _____

This space for office use only.

Approved ( ) Disapproved ( ) Date:

Meeting Room(s) assigned: