



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 Bridget@MichiganPharmacists.org*

For MPA Staff Use Only

Deposit Received? _____ Date: _____ Reservation Confirmed? _____ Date: _____

Deposit Refunded? _____ Date: _____ Check Number: _____ Employee Initials: _____