

**YOLO COUNTY OFFICE OF EDUCATION  
CONFERENCE CENTER RESERVATION FORM**



**EVENT SPECIFICS – Please refer to YCOE’s use policy to identify attendee/coordinator responsibilities. Please be sure YCOE’s room use policy is communicated to those who will be on-site.**

Name of Agency, Group, or YCOE Dept./Program: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Meeting Title: \_\_\_\_\_

Meeting Signs Required? Yes  No  If yes, what title should be used?

Meeting Room(s): Woodland Room  Winters Room  Washington Room  Davis Room  All Four Rooms   
 Esparto Technology Lab (30 Seats)  Other  Catering Kitchen

Requested Date(s) of Use: \_\_\_\_\_ Temporary Access Times: \_\_\_\_\_

**\*\*\* You will be given 30 minutes before and after actual event time, for set-up and clean-up, unless otherwise requested. \*\*\***

Meeting Start Time: \_\_\_\_\_ Meeting End Time: \_\_\_\_\_ Number of People Expected: \_\_\_\_\_

**Room Setup Styles:** Standard Theater  Classroom  Phoenix  Conference  U-Shape  Hearing Panel   
 Board Room  Other  \_\_\_\_\_ **\*\*\* Please be specific, attach diagram.**

**EQUIPMENT OPTIONS (Additional Fees Apply)**

- Chart Stand/Markers       Television Set       External Speakers       High Speed Internet/Network Link
- Dry Erase Board/Markers       VCR       DVD       Laptop Computer       Live Satellite Feed
- Overhead Projector/Markers       Speaker Phone       Computer (LCD) Projector       Satellite Recording
- Slide Projector       Microphone/Speakers       Dialup Modem Line       Streaming Web Broadcast Recording
- Polycam  Audio  Video       Podium  Screen      Other: \_\_\_\_\_  Streaming Web Broadcast Live - Desktop Only

**ROOM CAPACITY LIMITS**

Room	Theater Style	Classroom Style	Phoenix Style	Conference Style
Woodland Room	60	40	40	36
Winters Room	60	40	40	36
Washington Room	60	40	40	36
Davis Room	60	40	40	36
All Four Rooms	299	160	160	144

➤ **I have read and agree to abide by YCOE’s conditions for use of the conference center.**

**Signature of Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Request Received: _____	All Parties Notified: <input type="checkbox"/> YES <input type="checkbox"/> NO
Type of Organization (for billing purposes only): _____	
Room Fees: _____	Equipment Fees: _____ Internal Ticket # _____
Other Fees: _____	Total Fees: _____
*** Note changes to request: _____	