



## MEETING ROOM REQUEST FORM

The VelocityTX Innovation Center powered by Texas Research & Technology Foundation is available Monday-Thursday 9 AM – 4:30 PM and Fridays 9 AM – 2:30 PM. Reservations are not available on evenings and weekends. For questions, please contact Liliana Chavez Peña at [lichavez@velocitytx.org](mailto:lichavez@velocitytx.org).

### CONTACT INFORMATION

Organization/Company Name:		Industry:
Primary Contact:	Phone:	Email:
Onsite Contact:	Phone:	Email:

### EVENT INFORMATION

Title of Event:		Type of Event:
Reservation Date:	# of Guests:	Meeting Start/End Time:
Will your event include food and beverages? If yes, please provide the name of the caterer.		How did you hear about the VelocityTX Innovation Center?

Why did you want to host your event at the VelocityTX Innovation Center?

### CONFERENCE ROOM FEATURES

	Community Resource Center	Conference Room A	Conference Room B	Conference Room C	Outdoor Pavilion
<b>Capacity</b>	Up to 50 guests	Up to 16 guests	Up to 6 guests	Up to 8 guests	Up to 20 guests
<b>Audio Visual Resources</b>	X	X			
<b>Room Ceiling Speakers and Mics</b>	X	X			
<b>Dry Erase Whiteboards</b>	X	X	X	X	
<b>Interactive Screen with Zoom Room</b>	X	X	X		
<b>Number of Screens</b>	3	1	1	1	
<b>Catering Area</b>	X				
<b>Flexible Layouts</b>	X				
<b>Stage</b>	X				
<b>Podium</b>	X				

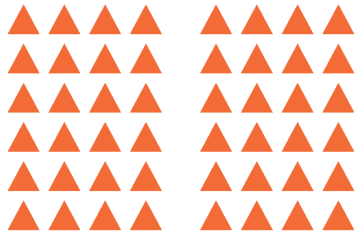


## SELECT YOUR CONFERENCE ROOM

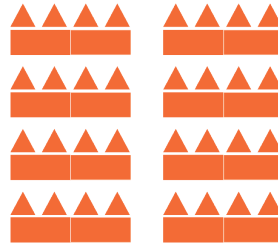
Select Choice(s)	Conference Room	Capacity	Regular Pricing	Incubator Member Pricing
	Community Resource Center	Up to 50 guests	\$250	\$100
	Conference Room A	Up to 16 guests	\$100	\$50
	Conference Room B	Up to 6 guests	\$40	\$10
	Conference Room C	Up to 8 guests	\$60	\$15
	Outdoor Pavilion	Up to 20 guests	\$100	\$50

## COMMUNITY RESOURCE CENTER ROOM SETUP OPTIONS

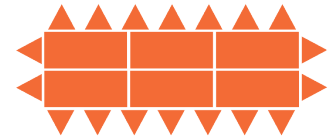
### Auditorium



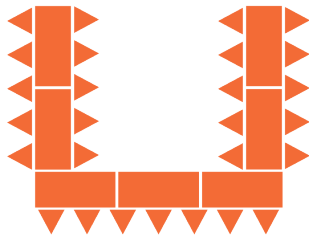
### Classroom



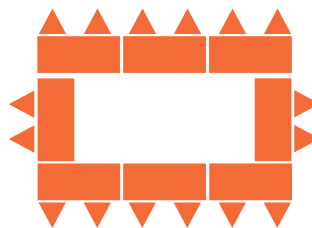
### Conference



### U Shape



### Hollow Square



### Other

Please describe/draw desired setup

## SIGNATURE ACKNOWLEDGEMENT

I acknowledge that I am authorized to act on behalf of the organization/company with respect to the obligations and conditions noted on this form and will communicate this to the organization/company's onsite representative.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_