FACILITY RENTAL REQUEST FORM

DATE __________________________________________ TIME __________________________________________

EVENT TITLE ________________________________ HOST ________________________________

EMAIL ______________________________________ PHONE ________________________________

EVENT SPACE (INDICATE ONE):
☐ Dr. Milton E. and Beth E. Muelder Collectors’ Lobby (after hours only)
☐ Alan and Rebecca Ross Education Wing
☐ Main Level, Lobby, + Café (after hours only)
☐ Wedding (after hours only)

EVENT TYPE :
☐ Presentation ☐ Lecture ☐ Lunch/Dinner ☐ Reception

NO. OF GUESTS EXPECTED: ___________ CATERING REQUESTED? ☐ Yes ☐ No

GALLERIES OPEN? (additional $200/hour fee to open galleries after hours) ☐ Yes ☐ No

DETAILED EVENT DESCRIPTION:


CONTACT
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