



Training Lab Rental Request Form

Please print form and complete the requested information

Date: _____
Contact Name: _____
Title: _____
Organization: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Fax: _____

- Non-profit
 For-Profit

Date of Event: _____

- Half Day \$150
 Full Day \$300

Description of Event

Number Expected: _____

A/V Requirements: _____

Other Needs: _____

Fax or E-mail this form to:

Fax number: (812) 882-7982 ATTN: Information System

Email: cclinton@pacecaa.org

Once your information has been received, a PACE representative will contact you to discuss your needs and arrange an optional site visit.