



**STATE PRESERVATION BOARD**

**LEGISLATIVE CONFERENCE ROOM  
CAPITOL EXTENSION, ROOM E2.002  
REQUEST FORM**

Event Name: \_\_\_\_\_

Organization Requesting Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Room(s) requested:

- Main Conference Room (E2.002A)  
*Room Usage Fee - \$200 (4 hours or less)/\$400 (more than 4 hours)*  
*Room Capacity - 200 maximum, 150 maximum seated*
- Large Conference Room (E2.002B)  
*Room Usage Fee - \$50*  
*Room Capacity - 10*
- Small Conference Room (E2.002C)  
*Room Usage Fee - \$50*  
*Room Capacity - 7*

***Room usage fees apply to all events that are not official state business of the legislative office or a state agency and must be paid in full no later than 24 hours prior to the event. If fee is not received, the reservation will be cancelled. Fees may be paid by check made payable to the State Preservation Board. The SPB Event Coordinator will contact you with the fee total after review and approval of this application.***

Is the sponsoring organization tax exempt?     Yes     No

Fed ID # \_\_\_\_\_ (If exempt, you must include proof of tax exempt status with event application. Otherwise, you will be charged sales tax.)

Time Requested -- Set up: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Hours of operation: Monday - Friday 7:00 a.m. - 9:00 p.m.; Saturday & Sunday 9:00 a.m. - 7:00 p.m.**

State Official Sponsor (print name): \_\_\_\_\_  
(Required for approval of all events and exhibits at the Texas State Capitol. Must be the Governor, the Lieutenant Governor, the Speaker, a State Senator, or a State Representative. **Applications are considered incomplete without a sponsorship form completed and signed by a State Official Sponsor.**)

Event Contact: \_\_\_\_\_ Office #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Day-of-event contact's name and # if other than yourself: \_\_\_\_\_

Number of Expected Attendance: \_\_\_\_\_ (room capacity - maximum 200, seated capacity - maximum 150)

Caterer: \_\_\_\_\_ Contact & phone number: \_\_\_\_\_

Description of Event, including information on any food or beverages to be served:

Purpose of Event:

Room Configuration Request: (if other than current set-up; requires 48 hour notice)

See SPB website for a diagram of the typical room set-up.

<http://www.tspb.texas.gov/plan/events/doc/LCC/LCC.pdf>

\_\_\_\_\_  
I have read the LCC Guidelines and agree to abide by these guidelines.

\_\_\_\_\_  
Date

**Return form to: Capitol Events Coordinator, Texas State Preservation Board, P. O. Box 13286, Austin, Texas 78711. For questions, contact the Capitol Events Coordinator 512.463.3051 or by email at [Capitol.Events@tspb.texas.gov](mailto:Capitol.Events@tspb.texas.gov)**