

The McConnell Foundation

MEETING REQUEST QUESTIONNAIRE

ORGANIZATION INFORMATION

Organization name _____

Contact person _____ Title _____

Phone _____ E-mail _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Type of organization _____

Purpose of organization _____

Purpose of meeting _____

Additional comments or special circumstances _____

MEETING INFORMATION

List 3 possible dates _____ or _____ or _____ Number of attendees _____

Time of meeting _____ until _____ Arrival time _____

Type of meeting Training Board Retreat Conference Policy Making Collaborative

Food served? Breakfast Brunch Lunch Dinner Reception

Name of facilitator or speaker, if using one _____

Please list audiovisual needs, if known _____

How will your group arrive at our facility? _____ Number of vehicles _____

In consideration of the environment, The McConnell Foundation encourages groups to carpool, take public transportation, or bicycle to the meeting facility whenever possible.

Please note: the nature of our space dictates that we schedule meetings, trainings, or collaboratives that are relatively quiet in nature. We avoid scheduling groups that wish to do high-energy teambuilding exercises, which don't fit well with our own work environment.

To help us process your request, this application must be returned to The McConnell Foundation at least 30 days before your event. Fax to (530) 226-6230 or mail to 800 Shasta View Drive, Redding, CA 96003.

Certification of Non-Discrimination

(organization name)

I certify that _____ (organization name) does not discriminate in regard to race, color, sex, sexual orientation, gender identity, marital status, pregnancy, political ideology, age, creed, religion, heritage, ancestry, national origin, veteran status, disability unrelated to job or course of study requirements, or any other characteristic protected by law.

Organizations may target services to a specific population when the targeted group requires specialized programs to meet specific needs not shared by the general population. Additionally, an organization may provide targeted programs or services to redress current or past discrimination against a group. In the event you are unclear whether _____ (organization name) complies with The McConnell Foundation's Non-Discrimination Policy, please provide detailed information in writing as to the nature of _____'s (organization name) practice, service or program in question to The McConnell Foundation so that a determination can be made by The McConnell Foundation, at its sole discretion. Please attach written explanation to this form, if needed.

I also certify that I have full power and authority to execute this Certification on behalf of _____ (organization name).

Date: _____

Organization Name

By: _____

Title: _____

Please fax, along with your meeting request, to:
(530) 226-6230