EVENT SPONSORSHIP AUTHORIZATION FOR USE OF THE CAPITOL EXTENSION AUDITORIUM

Orga	ganization:	
Date	te & Time Requested:	
Con	ntact:	Phone:
Purp	pose of Meeting/Event:	
Plea	ase check the applicable box:	
	By signing below I certify that and should not be charged the	at the above listed event is for official state business e Auditorium rental fee.
	This event is not official state for all applicable rental fees.	e business and the event holder will be responsible
		Sponsored by:
		Signature (State Official or Member)
		Office
		Printed name and title
		Phone number & email address

Please return this form to the Capitol Events Coordinator, Texas State Preservation Board, fax 512.463.3372 (email: Capitol.Events@tspb.state.tx.us)