



Jackson Medical Mall Events Information Form

Date of Event: _____ Start Time: _____ End Time: _____

Set-up Date: _____ Start Time: _____ End Time: _____

Location of Event: Check all that apply.

Community Meeting Room _____ Mall Common Area _____ Center Stage _____ Parking Lot _____

Event: _____

Event Description: _____

Event Sponsor: _____ Contact Name: _____

Phone: _____ Fax: _____ Email: _____

Equipment Needed: Please Be Specific.

of Tables: _____ # of Chairs: _____ Podium/P.A. System: _____ Easel: _____

Mobile Stage: _____

For Use of Community Meeting Room Only: Kitchen: _____ Projector/Screen: _____

Additional Information (equipment or setup): Please attach model seating layout.

Event Cost: _____

Is the Public Invited? _____

Will there be food? If so, please provide name and phone number of Vendor/Caterer:

Describe the level of expected media involvement, support or exposure anticipated:

Describe the proposed use of the Jackson Medical Mall name or logo on flyers, invitations, etc. or in broadcast scripts:

Please note that the Community Meeting Room and Mall Common Area have a \$100.00-deposit, \$100.00-fee and Center Stage has a \$350.00-deposit, \$250.00-fee. These prices are based on 4 hours.

The Mall With it All!

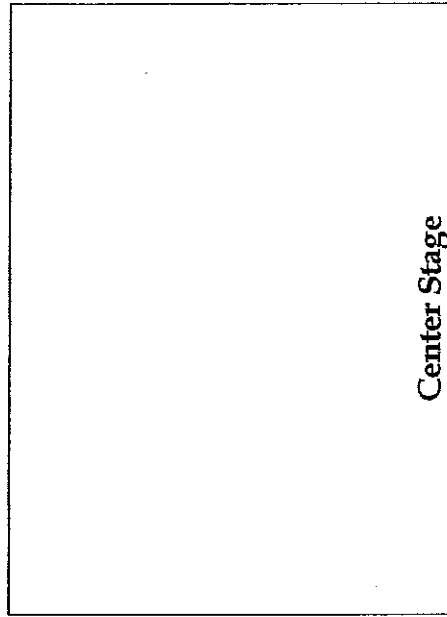
Jackson Medical Mall Thad Cochran Center
350 Woodrow Wilson Drive • Jackson, MS 39213
601.982.8467 • 601.982.8468 Fax
www.jacksonmedicalmall.org

For JMMF Office Use Only:

Technician: _____

UMC

Please sketch your Center Stage layout



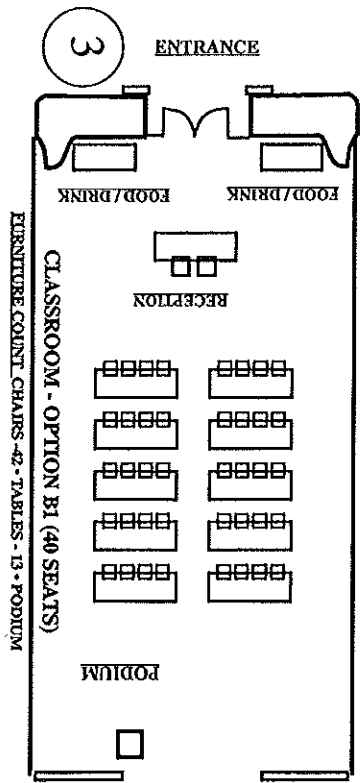
Center Stage

Bailey Canopy

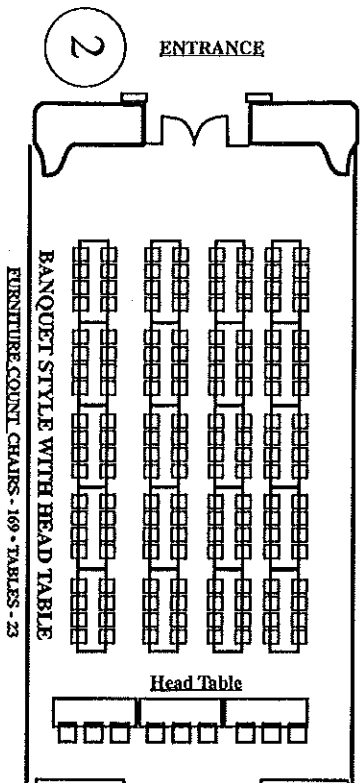
Mall Common Area



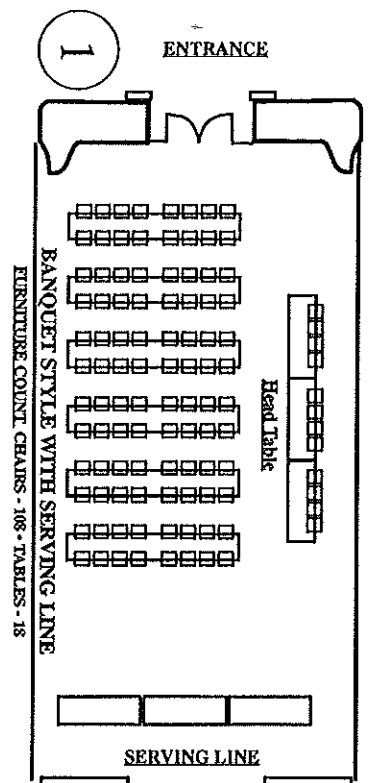
JACKSON MEDICAL MALL
THAD COCHRAN CENTER
COMMITTEE MEETING ROOM SEATING FAVORITE



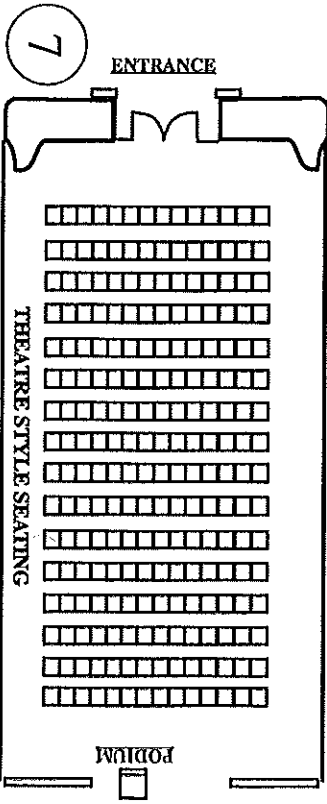
TO KITCHEN/
RESTROOMS



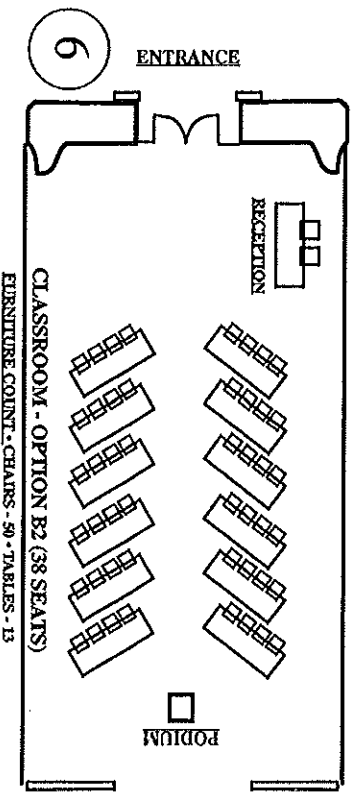
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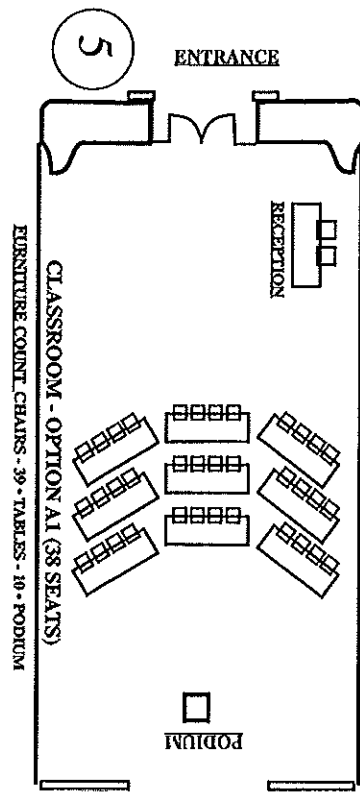
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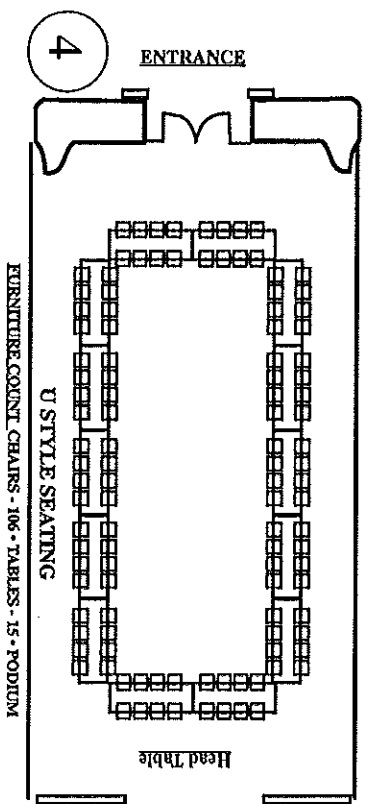
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