

Group Name: _____

Contact Information:

First Name: _____

Last Name: _____

Contact Phone # _____

Contact Email: _____

Conference Room Requested: _____

Reserve on R25

Title of Event: _____

Type of Event:

Meeting

Speaker

Reception

Other: _____

Date of Event:

Month: _____

Day: _____

Year: _____

Start Time:

AM

PM

Start time: _____

End time: _____

Estimated Attendance: _____

Room Setup:

Classroom Style

Theater Style

U Shaped Style

Hollow Square Style

Audio/Visual Equipment:

- Yes
- No
- Other: _____

Meal Type:

- Served Meal
- Buffet
- Refreshments
- Boxed
- No Food or Drink Served

Paying For Parking:

- Yes
- No
- Attendees pay

Karen Meeting Housekeeping

- Request building early opening or late closing
- Alert Housekeeping regarding meeting name, date, and time
 - Check facility on day of before meeting to make sure garbage cans are placed for use
 - First thing day after meeting check facility to make sure area ready for business
- Check room setup and re-set