



Meeting Request Form

Meeting Name			
Meeting Organizer			
Meeting Date		Start Time	
Expected Number of Attendees		End Time	
Food & Beverage Requirements			
	<i>Breakfast</i>	<i>Date/Time</i>	
	<i>Lunch</i>	<i>Date/Time</i>	
	<i>Breaks</i>	<i>Date/Time</i>	
	<i>Reception</i>	<i>Date/Time</i>	
		<i>Date/Time</i>	
Other Food & Beverage Comments			
		Room #1	Room #2
Meeting Room Requirements	Banquet Rounds <input type="checkbox"/>	Banquet Rounds <input type="checkbox"/>	
<i>Room 1 # of attendees:</i>	Conference Style <input type="checkbox"/>	Conference Style <input type="checkbox"/>	
<i>Room 2 # of attendees:</i>	Reception <input type="checkbox"/>	Reception <input type="checkbox"/>	
<i>Room 3 # of attendees:</i>	School Room <input type="checkbox"/>	School Room <input type="checkbox"/>	
<i>Room 4 # of attendees:</i>	Theatre <input type="checkbox"/>	Theatre <input type="checkbox"/>	
	U-shape <input type="checkbox"/>	U-shape <input type="checkbox"/>	
	Other <input type="checkbox"/>	Other <input type="checkbox"/>	
		Room #3	Room #4
	Banquet Rounds <input type="checkbox"/>	Banquet Rounds <input type="checkbox"/>	
	Conference Style <input type="checkbox"/>	Conference Style <input type="checkbox"/>	
	Reception <input type="checkbox"/>	Reception <input type="checkbox"/>	
	School Room <input type="checkbox"/>	School Room <input type="checkbox"/>	
	Theatre <input type="checkbox"/>	Theatre <input type="checkbox"/>	
	U-shape <input type="checkbox"/>	U-shape <input type="checkbox"/>	
	Other <input type="checkbox"/>	Other <input type="checkbox"/>	
<i>If other, please describe</i>			
Other Comments Regarding Room Set-up			
Please list any other comments you feel are important about your event.			