ROOM SET UP REQUEST

While we make every effort to support the event, attention to room occupancy is required.

DATE: _____ TIME: _____

ROOM_____CLUB: _____

CONTACT NAME: _____ PHONE: _____

PLEASE LIST THE NUMBER OF ITEMS WHICH WILL BE ISSUED ON AVAILABILITY

TV/DVD _____	LCD _____	MICROPHONE _____	PODIUM _____
PORTABLE MICROPHONE _____	8' TABLE _____	SQUARE CARD TABLE _____	EXTENSION CORDS _____
HOUSE LIGHTS ON (YES/NO) _____	OVERHEAD PROJECTOR _____	HDMI _____	TABLETOP MAC _____

BEVERAGES

Coffee must be delivered to maintenance staff no later than 24 hours prior to event. Please allow one hour for brew time.

REGULAR COFFEE: _____ DECAF: _____ TEA: _____

OTHER REQUEST: _____

COOLER SM/LG: _____ ICE BUCKETS (TABLES): _____ICE BARREL: _____

PLEASE NOTE AREAS FOR PROTECTIVE RUG PLACEMENT (FOOD & DRINK STATION)

_____

TABLE & CHAIR ARRANGEMENT

HORSESHOE_____	NUMBER OF CHAIRS: _____
HEAD OF TABLE YES/NO _____	
STANDARD CLASSROOM_____	NUMBER OF CHAIRS: _____
FULL CIRCLE (CHAIRS ONLY) / LECTURE-SEMI CIRCLE	NUMBER OF CHAIRS: _____ ROWS: _____

Cabaret events require separate set up form