

# SET UP REQUEST FORM

Event: \_\_\_\_\_

Event Date and Time: \_\_\_\_\_ # of people expected \_\_\_\_\_

Room(s) \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Person to contact in case of questions: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Please make your setup needs as specific as possible. Thank You

Number of Tables: \_\_\_\_\_

Number of chairs: \_\_\_\_\_

Will you need a microphone? \_\_\_\_\_ NO \_\_\_\_\_ YES, a Hand held \_\_\_\_\_ YES, a Lavalier

Will you need a dry erase board? \_\_\_\_\_ NO \_\_\_\_\_ YES

Will you need a screen and overhead projector? \_\_\_\_\_ NO \_\_\_\_\_ YES

Will you need a T.V. and VCR? \_\_\_\_\_ NO \_\_\_\_\_ YES

Other needs? Please specify:

\_\_\_\_\_  
\_\_\_\_\_

Please sketch a diagram of the requested setup. Label tables, chairs, landmarks, etc. to facilitate setup.



PLEASE SUBMIT THIS FORM TO SHARON AT THE FRONT DESK