

Return Completed Form by
December 20, 2004
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Meeting Management Information Sheet

1. Contact Information

Group Name: _____

Address: _____

Phone: _____

Fax: _____

Reserved by: _____

Type of Function: _____

Date of Function: _____

Functions Begins (time): _____

Function Ends (time): _____

Room Assigned:

2. Room Set Up (please check one):

- Theatre
- Schoolroom
- Rounds of 8
- U Shape
- Conference
- Hollow Square
- Rounds of 10
- Reception

Speaker Table to Seat _____

3. Number of Microphones Required

Floor Lectern with microphone _____

Table Lectern with microphone _____

Lavaliere _____

Aisle _____

Table _____

4. Audio Visual Equipment Required

Data Projector (LCD)

35mm Slide & Screen

Overhead Projector & Screen

Laser Pointer

_____ 6' Tables

_____ Easels

_____ Pads/Pencils

_____ Flip Charts w/Markers

_____ Corkboard/Chalkboard

_____ Ice water/glasses

5. Other Equipment Required

6. Number of people guaranteed _____

7. Meeting Listed in Conference Program and Signage Provided

\$20 *payment must accompany form*

8. List all food and beverage and time to be served:

9. Comments