

Tresidder Meeting Services Room Request Form

Your Name: _____

Department Name: _____

Mail Code: _____ Email: _____

Phone Number: _____ Fax Number: _____

PLEASE NOTE: THIS IS NOT CONFIRMATION OF A RESERVATION! YOU WILL BE CONTACTED WITHIN 2 WORKING DAYS BY PHONE REGARDING THE STATUS OF THIS REQUEST.

Date of Event: _____

Start Time of Event: _____ End Time of Event: _____

Setup Start Time: _____ Takedown End Time: _____

Number of Expected Attendance: _____

Preferred room(s) in order of preference: _____

Event Type (lecture, meeting, party, special): _____

If "special", please explain: _____

Event Title: _____

Setup Type (Theatre, classroom, conference etc.): _____

Audio-visual needs (overhead, slide projector, podium/mic. Etc): _____

Catering: _____