

DEPARTMENT OF ADMINISTRATIVE SERVICES
 GENERAL SERVICES DIVISION
 4200 SURFACE ROAD
 MEETING ROOM RESERVATION FORM

Individual Placing Reservation (Please Print:)		Date:	
State Agency or Organization:			
Address:			
Phone Number:		Other Number:	
Fax Number:		E-mail Address:	
Requested Meeting Date:	Start Time:	End Time:	Number of Guests:
Meeting Date 2 nd Choice		Name of Meeting	

Type of Room Setup Desired:

- | | |
|--|---|
| <input type="checkbox"/> Theater (chairs only - 20 to 206) | <input type="checkbox"/> Classroom (Tables and Chairs - 20 to 90) |
| <input type="checkbox"/> Team Training (Tables and Chairs - 20 to 40) | <input type="checkbox"/> Training (Tables & Chairs - 20 to 38) |
| <input type="checkbox"/> Boardroom (Large Table and Chairs - 15 to 55) | <input type="checkbox"/> Other (Explain) _____ |

Equipment Needed:

- | | |
|---|---|
| <input type="checkbox"/> Existing Ceiling Projector | <input type="checkbox"/> TV/VCR |
| <input type="checkbox"/> Video/Computer Projector | <input type="checkbox"/> Video Projection Screen |
| <input type="checkbox"/> Microphones | <input type="checkbox"/> Computer with Internet or Powerpoint |
| <input type="checkbox"/> Easel | <input type="checkbox"/> Other (Explain) _____ |

Please indicate any equipment you will be bringing _____

Will your group be bringing food for this meeting? Yes No

If yes, please explain _____

Signature _____ Date: _____

Facilities Use Only

Meeting Confirmed _____	Room Assigned: <input type="checkbox"/> Walnut <input type="checkbox"/> Willow <input type="checkbox"/> Both	
Setup Assigned:		
<input type="checkbox"/> Theater	<input type="checkbox"/> Classroom	<input type="checkbox"/> Team Training
<input type="checkbox"/> Training	<input type="checkbox"/> Boardroom	<input type="checkbox"/> Other