

Room Set Up Form

Today's Date: _____

Contact Name: _____ Daytime Phone Number: _____

Title/Description of Meeting/Function: _____

Date of Meeting/Function: _____ Expected # of Attendees: _____

Start Time: _____ End Time: _____

Room(s) Reserved: _____

Will food/a meal be served?: Yes No Do you need coffee/tea set-up? Yes No

 If yes, is food being delivered? Yes No

 If yes, please indicate vendor and time of delivery: _____

What kitchen supplies will you need? _____

What office/meeting supplies will you need? _____

What electronic equipment will you need? _____

How many tables will you need? _____

(Tables are 72" round, 60" round, or 6 or 8 ft. rectangular)

How many chairs will you need? _____

PLEASE ATTACH A DIAGRAM OF YOUR ROOM SET-UP, OR DRAW IT BELOW.

Anything else you would like us to know about your meeting/function so we can help you make it a success?

Examples of Kitchen supplies: tableclothes, utensils, plates, cups, napkins, serving items
Examples of Office supplies: easel with pad, markers, white board, golf pencils, post-its, podium
Examples of Electronic equipment: overhead projector, screen, TV/VCR, digital projector, microphone