



Name of Group Meeting:

Please provide the name you would like posted on the meetings list in the lobby upon arrival.

Date(s) Requested:

Number of Attendees:

Arrival Time:

Start Times:

End Time:

Regular Hours of Operation – 8:00 AM to 5:00 PM. Building opens ½ hour prior to start of meeting and closes at 5:15 PM. If additional hours are required, please contact Conference Center staff to arrange, prior to your event.

Planning Contact vs. On Site Contact:

If you are planning the event but will not be on site, please let your planner know who the on-site contact from your organization will be.

Clarify Event Billing:

Purchase Order
Credit Card
Check

Provide Function Room Itinerary for Each Room:

Room start and end times.

Provide General Room Setups for Each Function Room:

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> U-Shape | <input type="checkbox"/> Pod Clusters of |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Theatre | <input type="checkbox"/> Rounds of |
| <input type="checkbox"/> Hollow Square | <input type="checkbox"/> Other: | |

Provide Specific Setup Information for Each Function Room:

▫ Registration Table in/outside of room? If yes, how many tables? How many chairs?

Provide Specific Audio Visual Needs for Each Function Room:

- | | | | |
|----------------------------|-------------------------------|-------------------|---------------|
| ▫ Flipchart* | ▫ TV | ▫ Easel** | ▫ Whiteboard |
| ▫ Laser Pointer | ▫ Unrestricted Phone Line | ▫ Screen | ▫ Podium |
| ▫ Video Recording | ▫ Electric | ▫ Speakerphone | ▫ Audio Patch |
| ▫ Wireless Lapel Mic(s) | ▫ AV Technician (add. charge) | ▫ Audience Mic(s) | ▫ CD Player |
| ▫ Wireless Handheld Mic(s) | ▫ Laptop computer | ▫ Tabletop Mic(s) | ▫ Mixer |
| ▫ Video Conferencing | ▫ Speakerphone | ▫ LCD Projector | |

* A flipchart support with pad and markers for note taking in front of the conference group.

** A freestanding easel for signage, sponsor listings, pictures, etc. for display.

Catering Needs:

AM Break:

Time:

Beverage Refresh:

Time:

Lunch:

Time:

PM Break:

Time:

Dinner:

Time:

Please return completed form to pvkammerer@ship.edu