

Group Name:_____ Group Set-Up Contact Name: _____Phone Number: (_____) Meeting Date(s):______ Meeting Time: Meeting Room requested (A/B/C/D/Conf): Additional Set-Up/Miscellaneous Requests: **SET-UP STYLE** Please select a layout (see examples on reverse side), and indicate number of attendees. **TABLES # OF ATTENDEES** Layout A: Classroom Layout B: Theatre Layout C: U-Shape Layout D: Square Layout E: Semi-Circle Layout F: Banquet Layout G: Home Owners Association Layout H: Author Visit **AUDIO/VISUAL & OTHER EQUIPMENT** Please indicate your requested equipment: Portable LCD Multimedia Projector ___ CD/Cassette Player **DVD** player Screen 36' color television with a VCR Dry Erase Easel(s) 27" color television with a VCR ____ Flip Chart Easel(s) Canon Video Visualizer Display Easel(s) _____ Podium(s) 35mm Slide Projector Computer for presentations Microphones available: **Overhead Projector** _____ wired _____ wireless_____ desk lapel hand Opaque Projector