

Meeting Space Request/Reservation Form



Today's Date: _____

Contact Information

Organization Name/Contact Person: _____

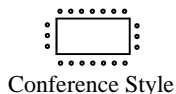
Phone: _____ Email: _____ Address: _____

Space Request

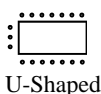
Event Date: _____ Event Start Time: _____ am / pm Event End Time: _____ am / pm
(ECM will add 1 hour to above start time for presenter set up)

Projected # Attendance: _____

Meeting Room Set up: (please choose one)



Conference Style



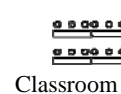
U-Shaped



Clusters



Chairs Only



Classroom Style

Other (please specify): _____

Catering *(prices vary depending on selection)*

If your meeting requires catering, please specify below:

<input type="checkbox"/> Yes, ECM Catering*	<input type="checkbox"/> Yes, Outside Caterer
Please check all that apply: <input type="checkbox"/> Water <input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snack <input type="checkbox"/> Tea <input type="checkbox"/> AM Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Coffee <input type="checkbox"/> Lunch <i>*Food Service Supervisor will follow up with you on details/pricing.</i>	Name of Caterer: _____ Phone #: _____ <i>*Food Service Supervisor will contact outside caterer for use needs/details. ECM may provide support based upon caterer needs.</i>

Technology Needs*

**Use of outside equipment not permitted when using network components (i.e. overhead projector). Please bring all electronic presentation material on a flash drive. Material can be viewed using in-room computer and ceiling mounted overhead projector.*

Does your meeting require technology: Yes No

If so, please check all that apply: Wireless internet service Wireless microphone Projector Screens

Computer use Speaker Phone Skype

Other Needs

Please check any additional items you will need:

Podium Easel Other: _____

Office Use Only: