Group Name: ________________________________

Contact Information:
First Name: ________________________________
Last Name: ________________________________
Contact Phone # ________________________________
Contact Email: ________________________________

Conference Room Requested:  
☐ Reserve on R25

Title of Event: ________________________________

Type of Event:  
☐ Meeting  
☐ Speaker  
☐ Reception  
☐ Other: ________________________________

Date of Event:  
☐ Month: ________________________________
☐ Day: ________________________________
☐ Year: ________________________________

Start Time:  
☐ AM  
☐ PM
  o Start time: ________________________________  
  o End time: ________________________________

Estimated Attendance: ________________________________

Room Setup:  
☐ Classroom Style  
☐ Theater Style  
☐ U Shaped Style  
☐ Hollow Square Style
Audio/Visual Equipment:
- Yes
- No
- Other: _______________________

Meal Type:
- Served Meal
- Buffet
- Refreshments
- Boxed
- No Food or Drink Served

Paying For Parking:
- Yes
- No
- Attendees pay

Karen Meeting Housekeeping
- Request building early opening or late closing
- Alert Housekeeping regarding meeting name, date, and time
  - Check facility on day of before meeting to make sure garbage cans are placed for use
  - First thing day after meeting check facility to make sure area ready for business
- Check room setup and re-set