



ROOM SET-UP REQUEST

Submitted By _____ Date Submitted _____

Ministry/Department _____ Name of Function _____

Date of Meeting _____ Time of Meeting: From _____ To _____

Room(s) Needed _____

Standing Request: Every _____ Until _____

DIAGRAM OF ROOM SET-UP
(Please draw diagram showing location and number of chairs, tables, other special equipment needs, etc.)

OTHER SPECIAL EQUIPMENT NEEDS

<input type="checkbox"/> Television	<input type="checkbox"/> Screen
<input type="checkbox"/> DVD/CD Player	<input type="checkbox"/> Speaker Stand
<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> Other _____
<input type="checkbox"/> LCD Projector	<input type="checkbox"/> Other _____

FOR OFFICE USE ONLY

Approved and Scheduled Assigned To _____

Not Approved: Reason(s) _____

Authorized Signature _____ Date _____