

**SECTION/COMMITTEE MEETING SPACE REQUEST**

DATE OF MEETING: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF MEETING: \_\_\_\_\_

HOURS OF MEETING: \_\_\_\_\_

NUMBER OF PEOPLE: \_\_\_\_\_

**STYLE OF ROOM SET-UP:**

- Classroom
- Conference
- U-Shaped
- Theater

**AUDIO-VISUAL NEEDS:**

- LCD Projector (2000 ANSI Lumens)
- Lectern
- Screen (available in all rooms except Library)
- TV/VCR
- Overhead projector (transparencies)
- Teleconference phone
- Laser pointer
- Easels
- Flip chart with markers

**Internal Use Only**

Date received: \_\_\_\_\_

Confirmed: \_\_\_\_\_

**FOOD REQUIREMENTS**

- Breakfast
- Lunch
- Dinner

Requests: \_\_\_\_\_

- Meeting notice to be sent via email
- Attendance responses forwarded to contact person
- After-hours charge = \$15/hour after 5:00 p.m. Monday through Friday

NOTES: \_\_\_\_\_

Submit to: HeatherAnderson     [handerson@mail.michbar.org](mailto:handerson@mail.michbar.org), (517) 346-6414, fax (517) 482-6248