

## MEETING ROOM REQUEST FORM

Contact Name: \_\_\_\_\_

Group Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Meeting Date(s) Requested: \_\_\_\_\_

Event Type: \_\_\_\_\_  
(committee meeting, board meeting, lecture, workshop, etc.)

Approximate Number of Attendees: \_\_\_\_\_

Type of Room Set: \_\_\_\_\_  
(classroom, theater, U-shaped conference block)

DCDS to Co-Sponsor and Give CE Credits: yes \_\_\_\_\_ no \_\_\_\_\_  
(If yes, fill out the enclosed CE Accreditation form and return to DCDS immediately)

In-house LCD Projector: yes \_\_\_\_\_ no \_\_\_\_\_ (Rental Fee \$125.00)

Will you be serving food at your event? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, name the caterer: \_\_\_\_\_

Approximate time you will come by to pick up the key: \_\_\_\_\_

**ROOM RENTAL FEE MUST BE ENCLOSED WITH THIS REQUEST  
CHECKS AND CREDIT CARDS ARE ACCEPTED**

**ROOM RENTAL FEE MUST BE PAID PRIOR TO MEETING**

Total Amount Due \$ \_\_\_\_\_

Check Enclosed: \_\_\_\_\_ Check Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(signature authorizes charge to your account)

Print Name: \_\_\_\_\_