**2019 MEETING ROOM REQUEST FORM**

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| Name of Organization: |  |
| Contact Person: |  |
| Email: |  |
| Phone Number: |  |
| Title of Meeting: |  |
| Meeting Date(s): |  |
| Meeting Start and Finish Times: |  |
| Would you like your meeting posted on the hotel event monitors? |  |
| Number of People attending: |  |
| Audio Visual Needs:  (Additional Expense to be paid directly to the hotel) |  |
| Food & Beverage Needs:  (Additional Expense to be paid directly to the hotel) |  |
|  |  |
| Room Set-Up: |  |

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| --- | --- | --- |
| Classroom (with tables) | Theater (chairs only) | Hollow Square |
| Picture 1 | Picture 2 | Picture 3 |
| U-Shaped | Rounds | Fishbone |
| Picture 4 | Picture 5 | Picture 6 |
| Additional Information/Special Instructions: | | |

**Please send all meeting room requests to Mary Lembke at** [**marylembke@marchforlife.org**](mailto:marylembke@marchforlife.org)

**Notes:** Because there are many groups requesting space and a limited amount of meeting rooms available, space will be assigned on a first come, first served basis. Since we often must shift room assignments, we urge you **not** to publicize the room name, but rather **“Please check Event Monitors for Room Name.”**