**2020 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:  |  |

|  |  |  |
| --- | --- | --- |
| [ ]  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**

**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.”**