**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)Picture 1 | [ ]  Theater (chairs only)Picture 2 |
| [ ]  Hollow SquarePicture 3 | [ ]  U-ShapedPicture 4 |
| [ ]  RoundsPicture 5 | [ ]  FishbonePicture 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.”**