**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 Square  Picture 3 | U-Shaped  Picture 4 |
| Rounds  Picture 5 | Fishbone  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.”**