

REQUEST FOR HOTEL MEETING SPACE

Name of Hotel: _____

Guest rooms needed? Yes No

How many rooms? _____ On which nights? _____

Name of Meeting: _____

Date of Meeting: _____ Time/Length of Meeting: _____

How many people: _____

Room Set-up:

Classroom Theater Conference Rounds Hollow Square

Audio/Visual: _____

Food and Beverage: _____

Chapter Contact _____ Company _____

Phone Number _____ Fax Number _____