

## **CONFERENCE ROOM RESERVATIONS - ESD AFFILIATED GUESTS**

## **REQUEST FORM**

**CONTACT NAME:** Who do we contact with questions?

DATE & TIME: This is the TOTAL time needed for your meeting including presenter preparation, setup and tear down time.

NUMBER OF GUESTS: How many guests will be in attendance? (Please check seating capacity maximums listed below).

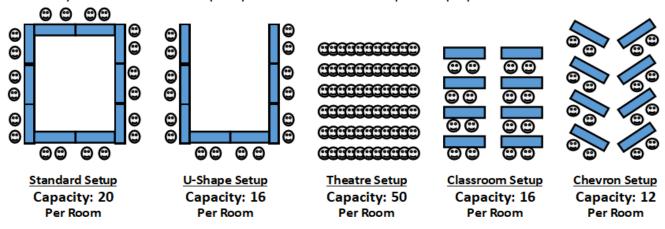
FACILITIES EQUIPMENT NEEDED: Example: flipcharts, extra tables, podium, flag.

**NETWORK EQUIPMENT NEEDED:** microphone, projector remote, video conferencing equipment, speakers.

**ROOM SETUP:** You must choose from one of the following setup options or email a hand drawn setup to:

## **Available Room Setup Options**

If you do not select one of these options you must email ESD Facilities the special set up request located at the bottom of this form.



COMPLETE THIS SECTION ONLY IF A HAND DRAWN SETUP IS NEEDED AND EMAIL TO: esd.facilities@lblesd.k12.or.us.

