Conference Room 2

Org / Dept Name:

Please return to Festival Operations Room 2010, MSC 4201 568-1715 (phone), 568-2599 (fax)

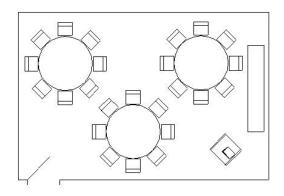
Event Title: ______

Event Date(s): _____

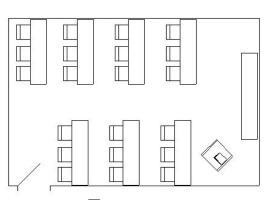
Event Time: _____am / pm to _____ am / pm

Contact Name:

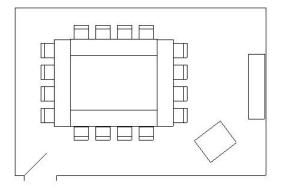
Contact Phone #: _____ Estimated Attendance: ____



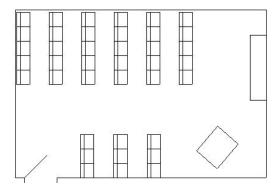
- ☐ Banquet
 - Chairs (max 24)
- ____ Tables 5 ft round (max 3)



- ☐ Classroom
- ____ Chairs (max 21)
- Tables (max 7)



- ☐ Hollow Square
- ____ Chairs (max 16)



- ☐ Theater
- ____ Chairs (max 39)