## Conference Room 3

Org / Dept Name:

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

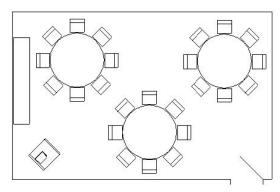
Event Date(s): \_\_\_\_\_

Event Title: \_\_\_\_\_

Event Time: \_\_\_\_\_am / pm to \_\_\_\_\_ am / pm

Contact Name:

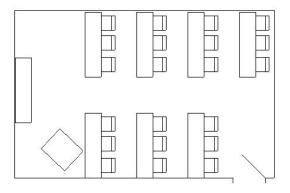
Contact Phone #: \_\_\_\_\_ Estimated Attendance: \_\_\_\_



☐ Banquet

\_\_\_\_ Chairs (max 24)

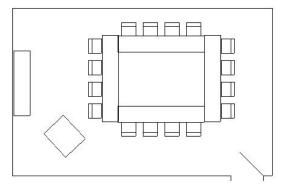
\_\_\_\_ Tables 5 ft round (max 3)



☐ Classroom

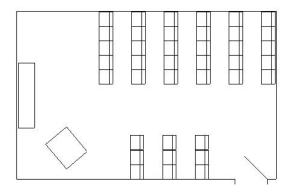
\_\_\_\_ Chairs (max 21)

Tables (max 7)



☐ Hollow Square

\_\_\_\_ Chairs (max 16)



☐ Theater

\_\_\_\_ Chairs (max 39)