Conference Room 4

Org / Dept Name:

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

Event Date(s): _____

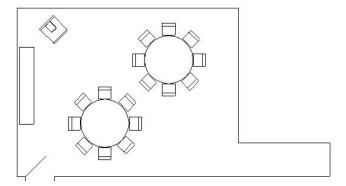
Event Title: _____

Event Time: ____am / pm to ____ am / pm

Contact Name:

Contact Phone #: _____

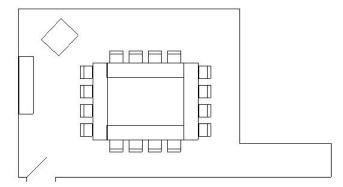
Estimated Attendance: _____



☐ Banquet

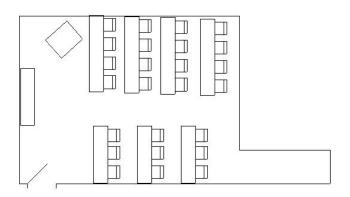
____ Chairs (max 16)

____ Tables 5 ft round (max 2)



☐ Hollow Square

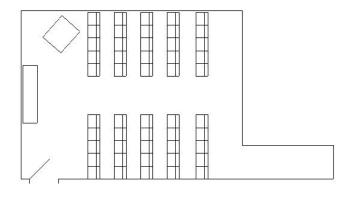
_____ Chairs (max 16)



☐ Classroom

____ Chairs (max 21)

_____ Tables (max 7)



☐ Theater

____ Chairs (max 50)