

ORGANIZATION NAME: _____

ADDRESS: _____

CITY, STATE and ZIP: _____

TELEPHONE NUMBER: _____

CONTACT PERSON: _____

TYPE OF
EVENT/FUNCTION: _____

SERVICES TO
BE PROVIDED: _____

DATE/DATES OF EVENT: _____

Meeting Rooms Types: _____

Budgeted Meeting Room Rental Rate:

Food and Beverages: Breakfast _____ Lunch _____ Dinner _____
AM Break _____ PM Break _____
Lunch on your own _____ Dinner on your own _____
or at a Restaurant _____ or at a Restaurant _____

Other: _____

Please fax this document to EMEEOC at 312-268-6319 or email to info@emeofchicago.com

Room Set-up Information Form

Event Date: _____ Event Title: _____

Expected number of attendees: _____

Number to set the room for: _____

Classroom Setup Options

Please choose the meeting room setup style that would be most effective for your event.

____ Theater

____ Classroom

____ Chevron

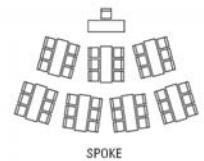
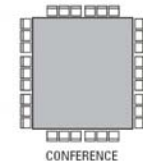
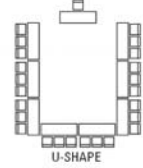
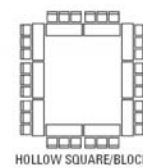
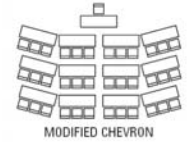
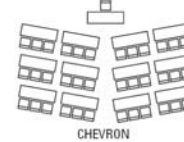
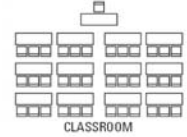
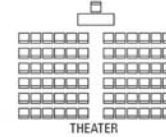
____ Modified Chevron

____ Hollow Square/Block

____ U-Shape

____ Conference

____ Spoke



Audiovisual (Please check all that is needed)

____ 35mm Slide Projector

____ Podium with Microphone

____ Document Camera

____ Projection for computer images

____ DVD Player

____ Sound required for presentation

____ Flipchart

____ Switchbox (for multiple computers)

____ Laptop (We recommend you bring your own if possible to prevent issues with transferring course materials)

____ TV Monitor

____ VCR

____ Materials Table

____ Whiteboard

____ Overhead Projector

____ Wireless Microphone(s)

__ Handheld __ Lavalier

Audio Visual and Other Services:

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