Office Use	Onty:	
Time:		
Date:		
Initials:		

Steven W. Durr Extension Center Meeting Room Reservation

Initials:						
Event Date:	Even	nt Time:				
Open Doors at:	Clos	Close Doors at:				
Group/Organization:						
Meeting Purpose:						
Est. Attendance:	Deposit:					
Contact Person:	Pho	Phone:				
Agent to Open? Yes () No () Age	nt to Close? Yes	() No ()			
Meeting Room Requested: *If more than one room is requested, should walls be in place or retracted?	*Straw	,				
Set-Up (check one)						
Theater Classroom Screen Stage O O O O O O B B B B O O O O O O O O O O O O O		U-Shape Screen Stage o o o o o o o o o	Hollow Square			
Number of Chairs Needed:	•	According to the second				
Check if needed:						
Registration Table	Lectern	Head Tab	le			

Use back of form for additional or special requests.

		Deposits	
		Received	
From			
Name of Individual		Name of Organization	
Date			S
		Returned:	
Date	To:		

Special Set-Up:

Byerly-Rich Room	Wicklund Room	Stage & Kitchen
	1	
<u> </u>		
Foyer	Straw Room	
Poyer		