Steven W. Durr Extension Center
Meeting Room Reservation

Event Date: __________________________ Event Time: __________________________

Open Doors at: __________________________ Close Doors at: __________________________

Group/Organization: _____________________________________________________________

Meeting Purpose: _______________________________________________________________

Est. Attendance: __________________________ Deposit: __________________________

Contact Person: __________________________ Phone: __________________________

Agent to Open? Yes ( ) No ( ) Agent to Close? Yes ( ) No ( )

Meeting Room Requested: __________________________
*Byerly/Rich __________________________
*Wicklund __________________________
*Straw __________________________
*Activity __________________________

If more than one room is requested, should walls be in place or retracted?

Set-Up (check one)

- Theater
- Classroom
- Boardroom
- U-Shape
- Hollow Square

Number of Chairs Needed:

Check if needed:
Registration Table _____ Lectern _____ Head Table _____

Use back of form for additional or special requests.
Deposits

Received

From ____________________________
  Name of Individual ____________________________
  Name of Organization ____________________________

Date ____________________________ $ ____________

Returned:

Date ____________________________ To: ____________________________

Special Set-Up:

<table>
<thead>
<tr>
<th>Byerly-Rich Room</th>
<th>Wicklund Room</th>
<th>Stage &amp; Kitchen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Straw Room</td>
</tr>
<tr>
<td>Foyer</td>
<td></td>
<td></td>
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</tbody>
</table>
