

Annual Conference Facilities Request

Please answer the following questions to facilitate your programming needs.

Note: Request will be filled to the best of our ability, however extenuating circumstances (such as: costs, availability, etc.) may require certain requests to substituted or omitted.

Primary Contact Name: _____

Phone: _____ **Email:** _____

Name of Program/Event: _____

Start time (include set-up): _____ **End Time** (include tear-down): _____

Number of Attendees: _____ **Seating Arrangement:** _____

Equipment List – specify the quantity needed

_____ Wired Microphone

_____ Lectern

_____ Wireless Microphone

_____ Floor Microphone Stand

_____ Projector (w/ screen)

_____ Laptop (PC)

_____ Table Microphone Stands

Audio Capability Needed? Y/N

_____ Wireless Lapel Microphone

Additional Requests: _____

**Indicate quantity of chairs and any ADA requirements.*