



MEETING REQUEST FORM

EVENT NAME:

DATE OF EVENT:

REQUESTED BY:

LOCATION: (PLEASE CHECK THE APPROPRIATE BOX)

BOARDROOM

CLASSROOM 1

CLASSROOM 2

CLASSROOMS 1 & 2

START TIME:

AM

PM

END TIME:

AM

PM

(PLEASE CHECK IN ALL THE BOXES BELOW THAT APPLY TO YOUR MEETING)

ROOM SETUP

FOOD & BEVERAGE

Classroom Style

Breakfast (w/ Coffee & Water)

Hollow Square

Lunch (w/ Soft Drinks & Water)

U-Shaped

Max Budget or Price per Person

Chevron Style

of Anticipated Attendees

Other:

IT ASSISTANCE

AUDIO/VISUAL

VIDEO CONFERENCING

OTHER:

PLEASE EMAIL COMPLETED FORM TO NIK REESE AT nreese@garealtor.com

*****THE AREA BELOW TO BE COMPLETED BY NIK*****

DATE RECEIVED: _____ SIGNATURE: _____