## **Room Setup Checklist**

THIS FORM MUST BE RECEIVED 72 HOURS IN ADVANCE OF EVENT TO ENSURE PROPER SETUP

## MBUSI TRAINING CENTER ROOM RESERVATION REQUEST / INFORMATION

IF AVAILABLE, PLEASE FAX US YOUR MEETING AGENDA

Class Name:		Date Room Needed:				
Contact Name:		Time:				
Contact Number:		Number of People:				
Requested By:	By: Room Assigned:					
JIPMENT / TECHNICAL NEEDS PLEASE CHECK YOUR REQUIREMENTS						

## EQ

DVD PLAYER			
LCD PROJECT	OR (BEAMER) and SCREEN	(to connect to a laptop)	
LAPTOP with M	icrosoft Office	(if required, request network connection below)	
NETWORK CO	NNECTION TO PLANT	(you may request a laptop or provide your own)	
MICROPHONE		(available only in A-11 and A-12)	
FLIP CHART wi	th MARKERS		
WHITE BOARD	with MARKERS / ERASER		
OTHER REQUI	REMENTS:		

## BASIC ROOM SET UP REQUEST PLEASE CIRCLE DESIRED ROOM STYLE:

C	U-SHAPE	CLASSROOM  OOO OOO  OOO OOO  OOO OOO	THEATRE  00000000 00000000 00000000 00000000	OTHER
PLEASE	PRINT NAME	SIGNATURE		DATE

CONTACT CAFETERIA CATERING: (205) 507-3729 FOR YOUR CATERING NEEDS

