

# Miller Family Health Education Center

## CONFERENCE ROOM EVENT REQUEST FORM

**(SUBMIT AT LEAST 7 DAYS BEFORE EVENT)**

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### Requestor Information

Today's Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Agency/Program: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_ to \_\_\_\_\_

# of Attendees: \_\_\_\_\_

### Event Location

\_\_\_\_ Multicultural Pavilion East & West\*

\_\_\_\_ Multicultural Pavilion East\*

\_\_\_\_ Multicultural Pavilion West\*

\_\_\_\_ Multipurpose Room\*

### Special Requests

(LCD projector, Cable TV/VCR/DVD, microphone(s), videoconferencing equipment, teleconferencing equipment, interpretation equipment, refreshment or registration tables, laptop)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Room Setup (Please refer to attached diagrams)

Option A     Option B     Option C     Option D

**POSTING OF FLYERS ON FACILITY WALLS, DOORS OR WINDOWS PROHIBITED  
PLEASE USE EASELS TO DISPLAY POSTERS AND PRESENTATION MATERIALS**

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**Administrative Use**

Approval Date \_\_\_\_\_

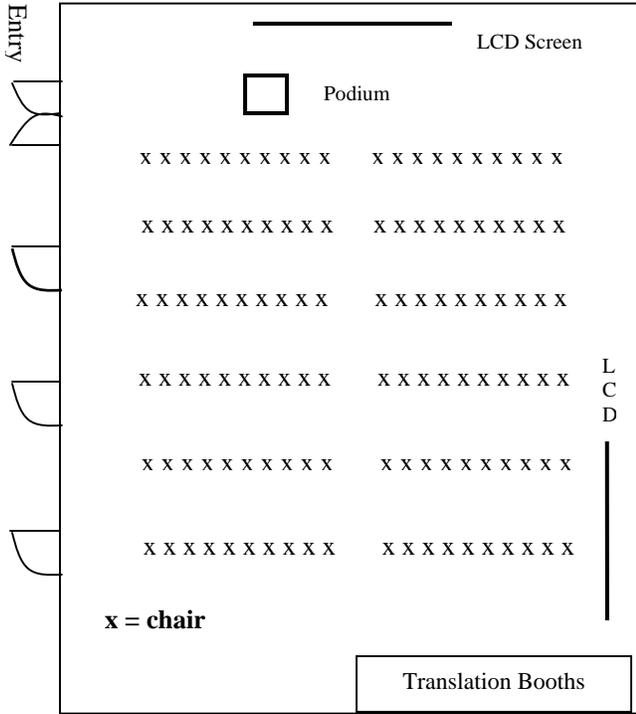
Approved     YES     NO

\_\_\_\_\_  
Signature

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

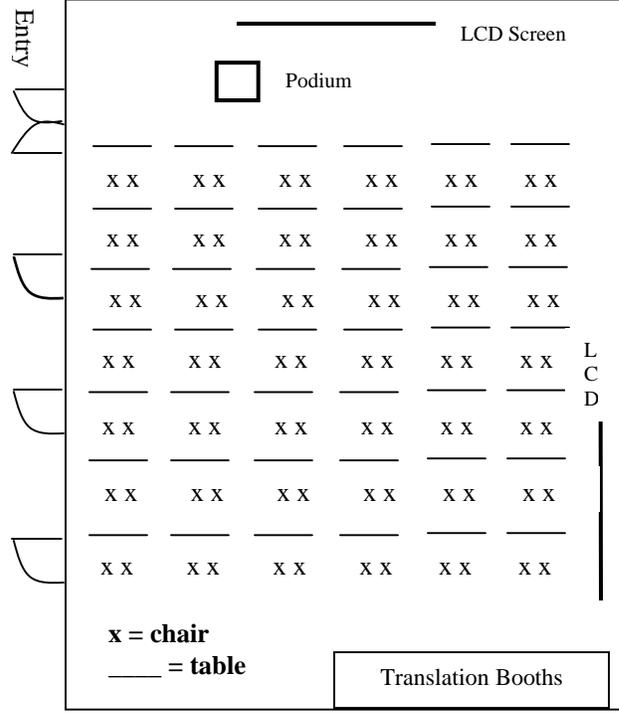
# Multicultural Pavilion Setup Options (Combined Rooms)

## Option A - Theater



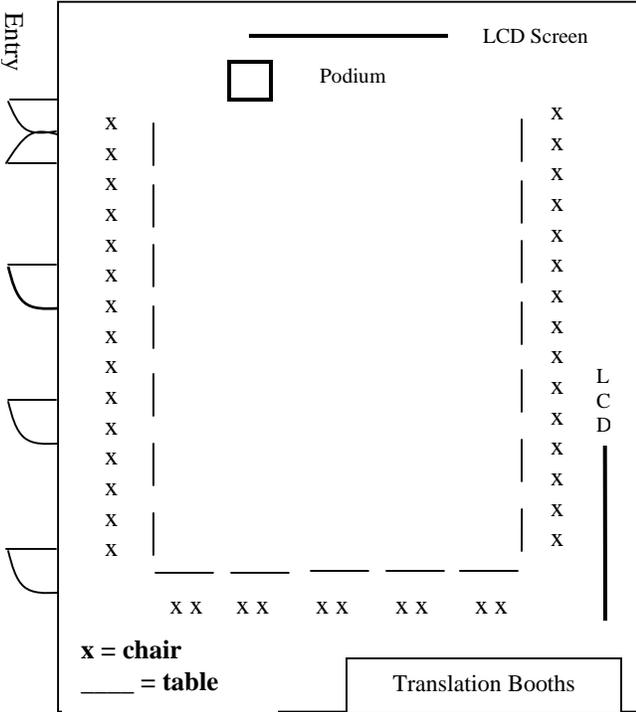
Capacity: 100

## Option B - Classroom



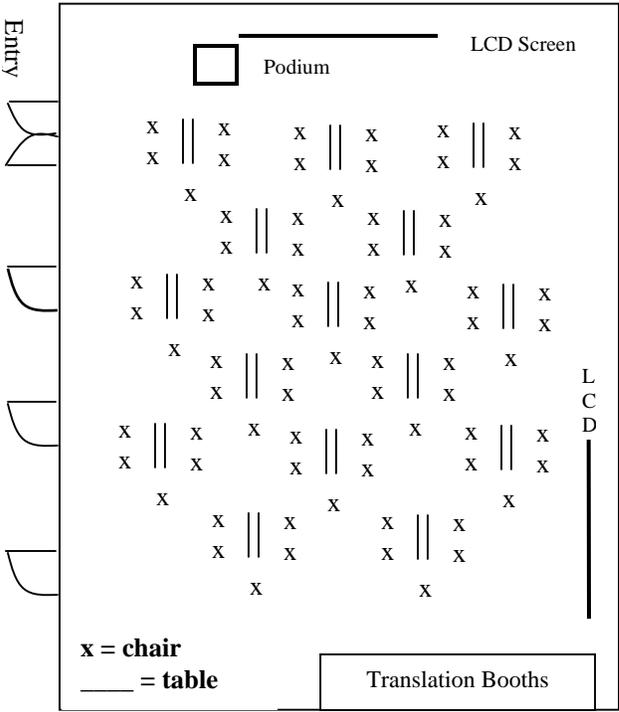
Capacity: 80

## Option C - Meeting



Capacity: 40

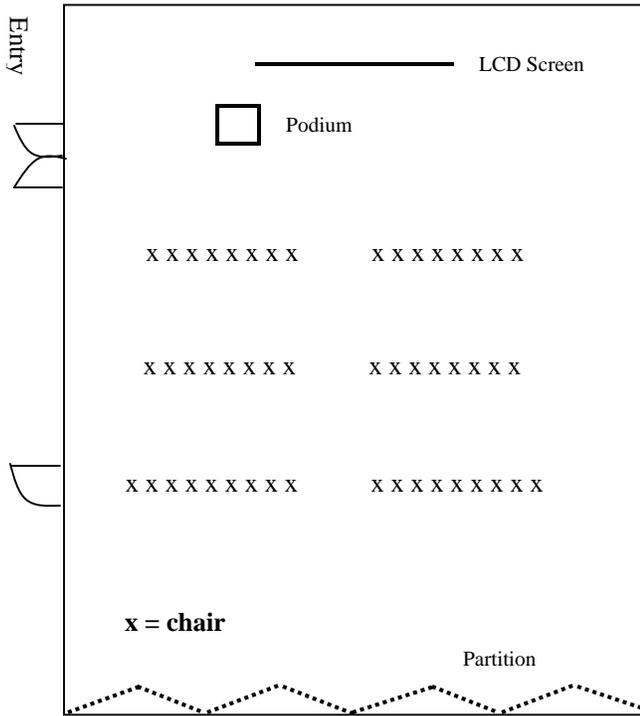
## Option D - Banquet



Capacity: 100

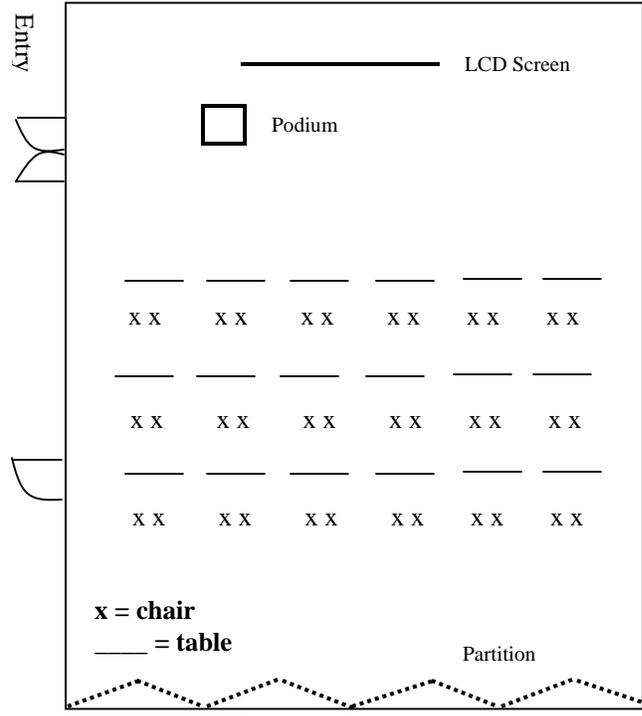
# Multicultural Pavilion Setup Options (West Room)

## Option A - Theater



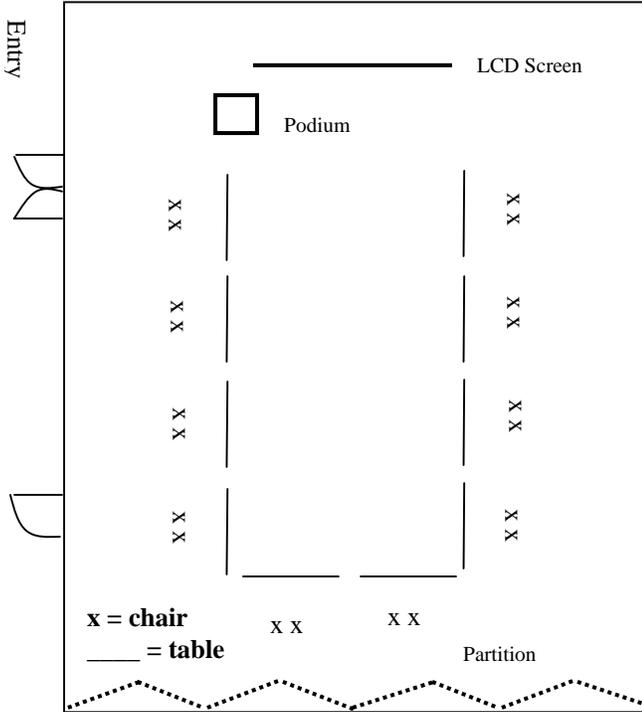
Capacity: 50

## Option B - Classroom



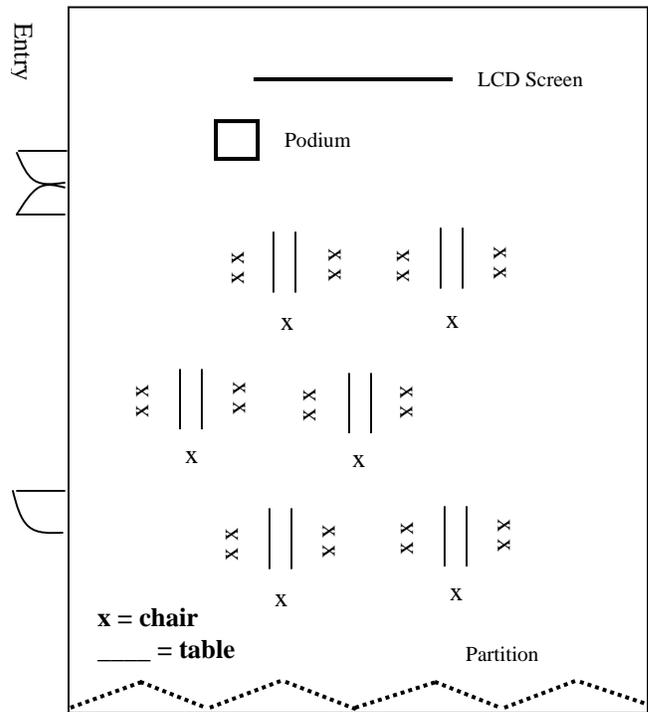
Capacity: 40

## Option C - Meeting



Capacity: 20

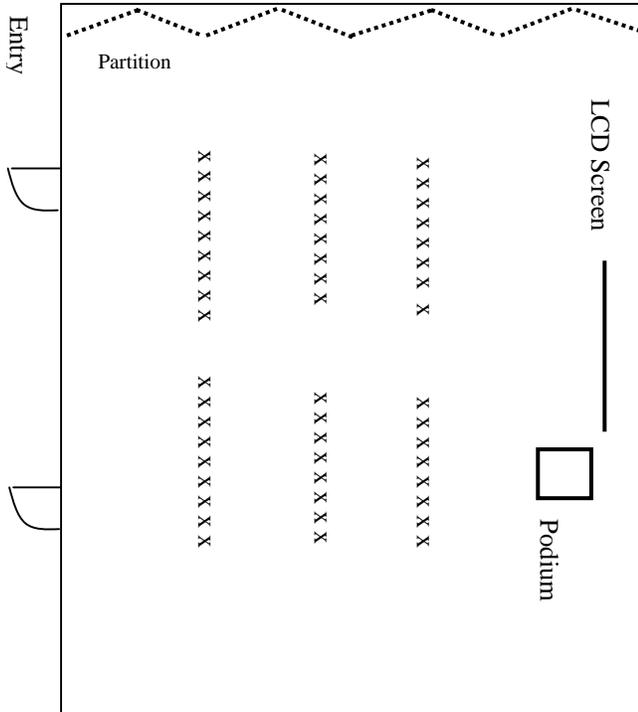
## Option D - Banquet



Capacity: 30

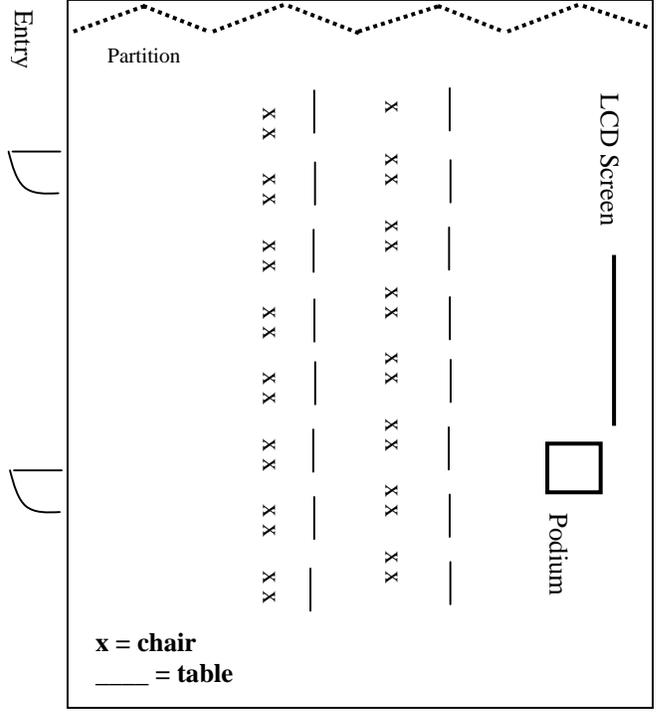
# Multicultural Pavilion Setup Options (East Room)

## Option A - Theater



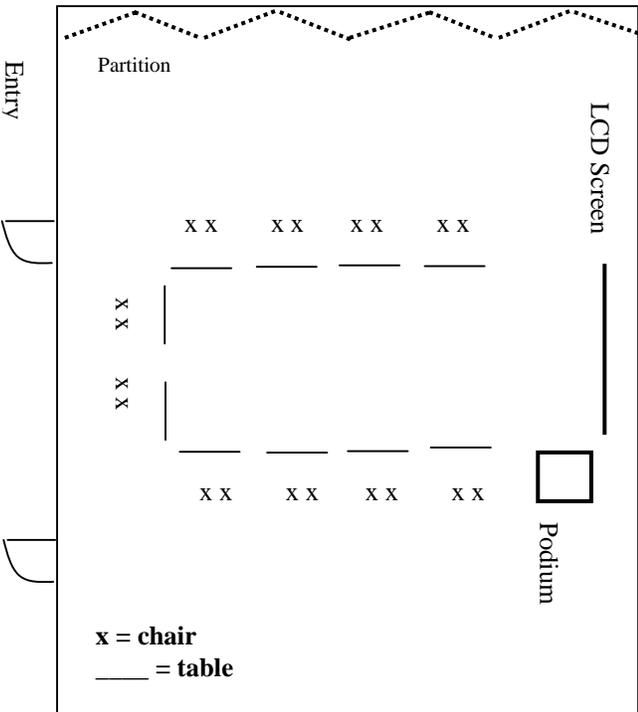
Capacity: 40

## Option B - Classroom



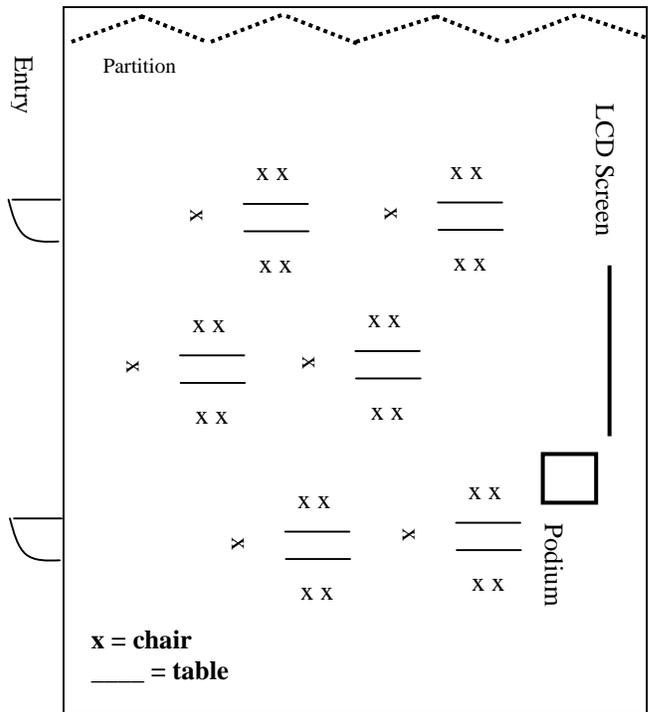
Capacity: 36

## Option C - Meeting



Capacity: 20

## Option D - Banquet



Capacity: 30