

Miller Family Health Education Center

CONFERENCE ROOM EVENT REQUEST FORM

(SUBMIT AT LEAST 7 DAYS BEFORE EVENT)

Email: Crystal.Sanders@longbeach.gov

Phone: (562) 570-4230

Fax: (562) 570-4049

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**

Administrative Use

Approval Date _____

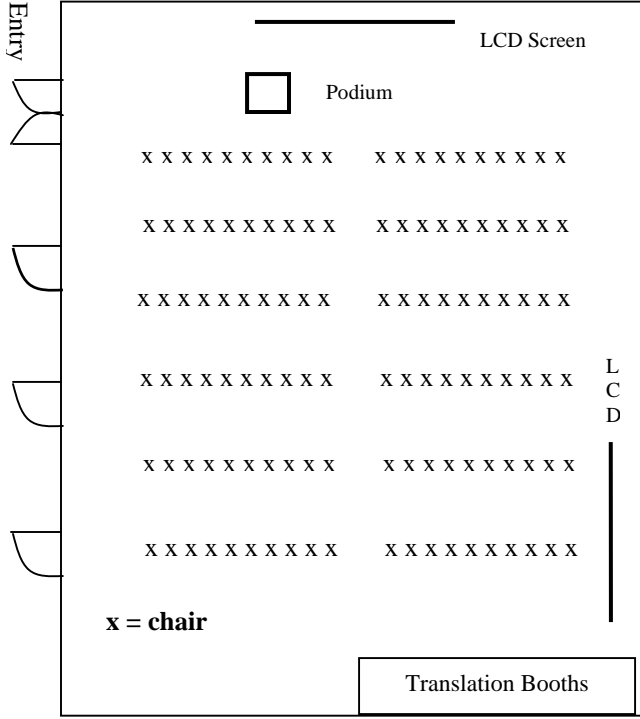
Approved YES NO

Signature

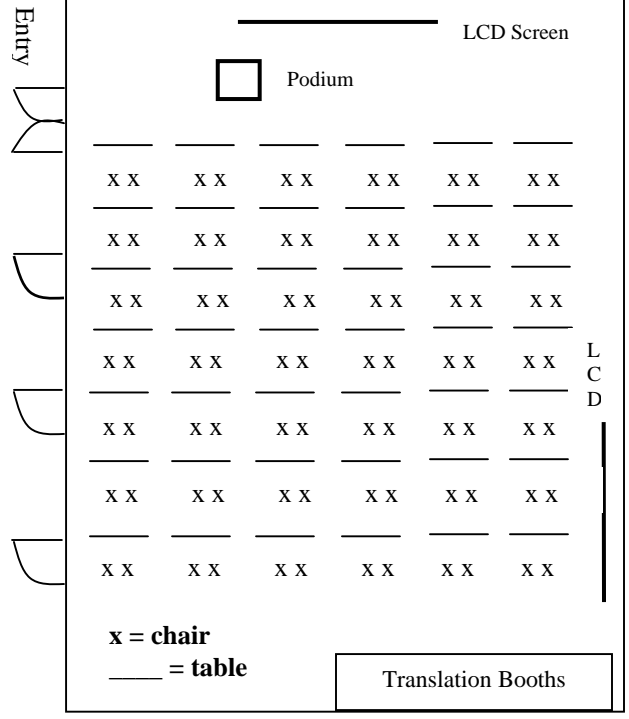
Comments: _____

Multicultural Pavilion Setup Options (Combined Rooms)

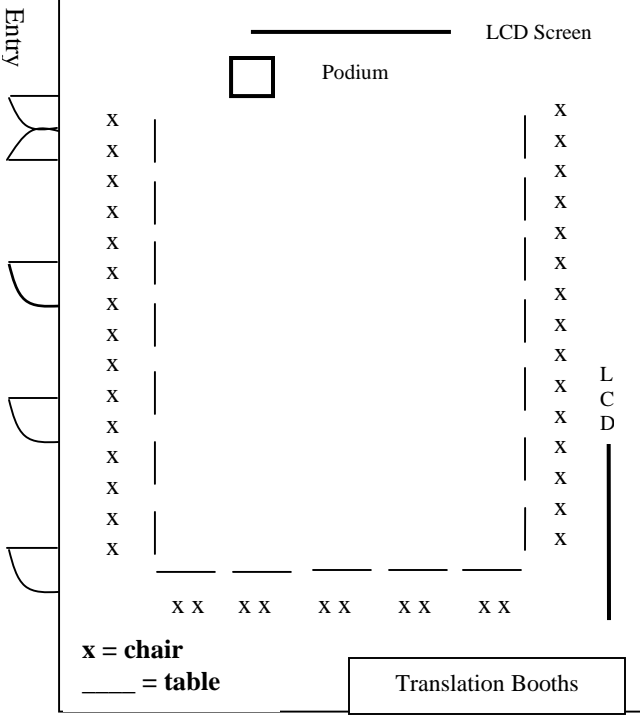
Option A - Theater



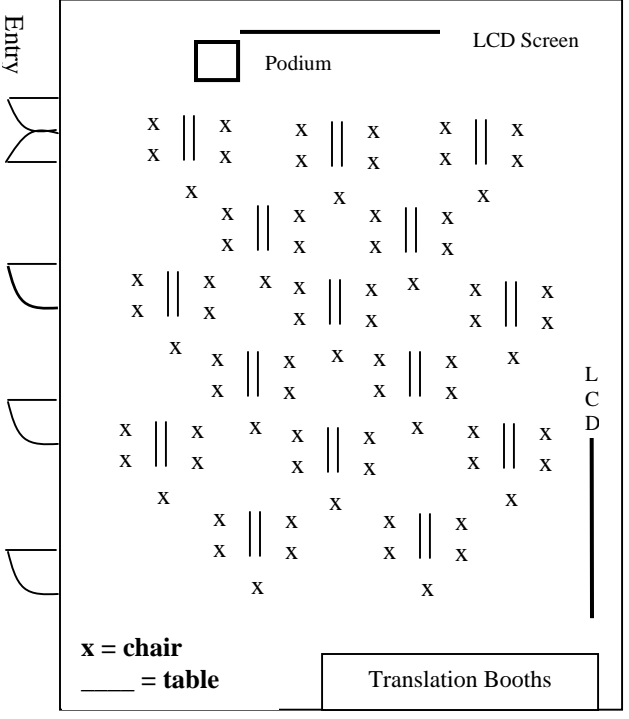
Option B - Classroom



Option C - Meeting

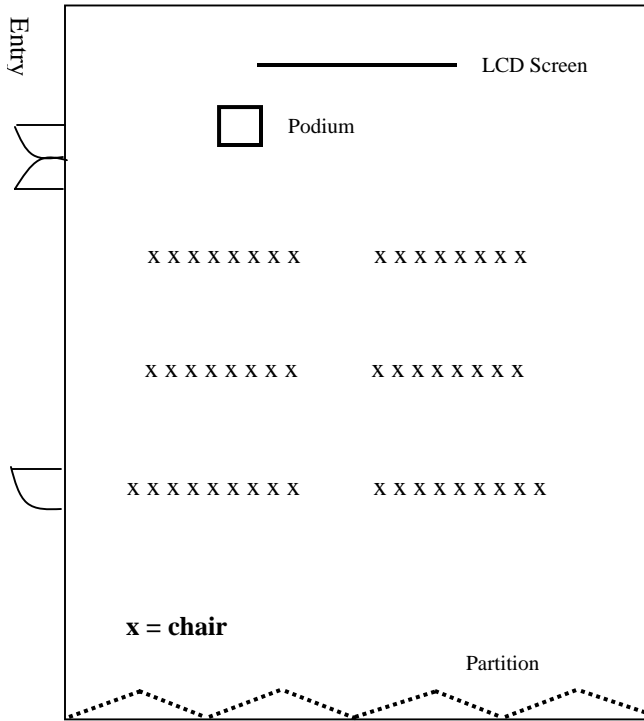


Option D - Banquet



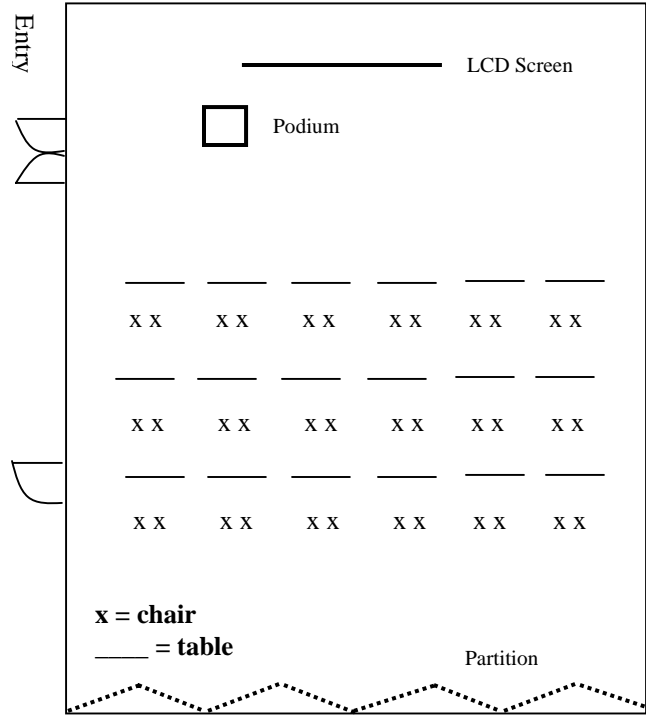
Multicultural Pavilion Setup Options (West Room)

Option A - Theater



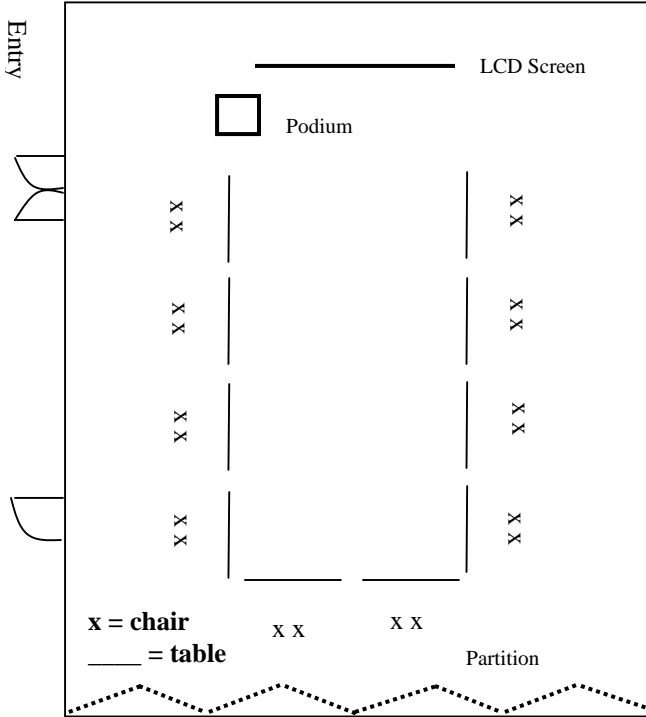
Capacity: 50

Option B - Classroom



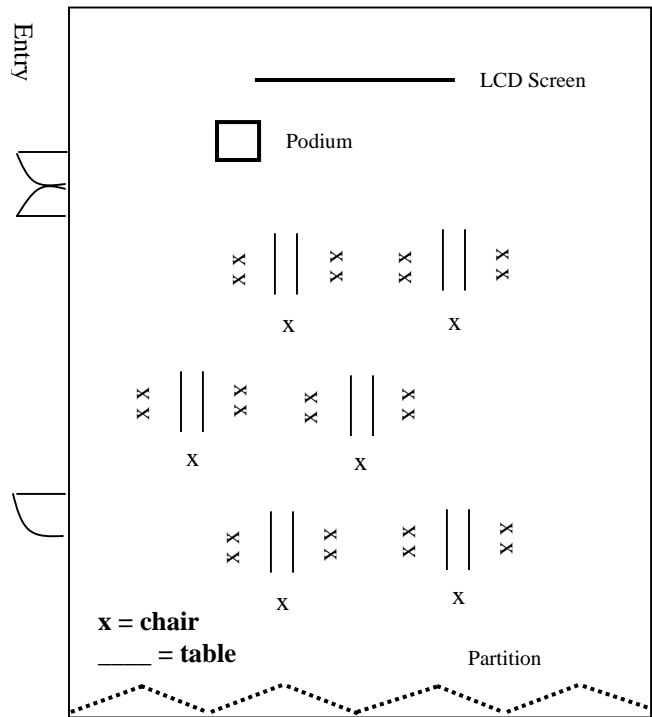
Capacity: 40

Option C - Meeting



Capacity: 20

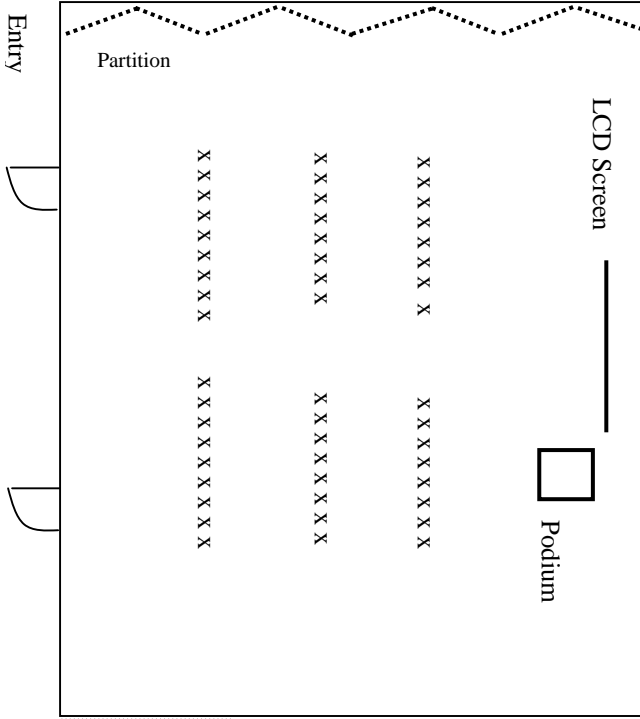
Option D - Banquet



Capacity: 30

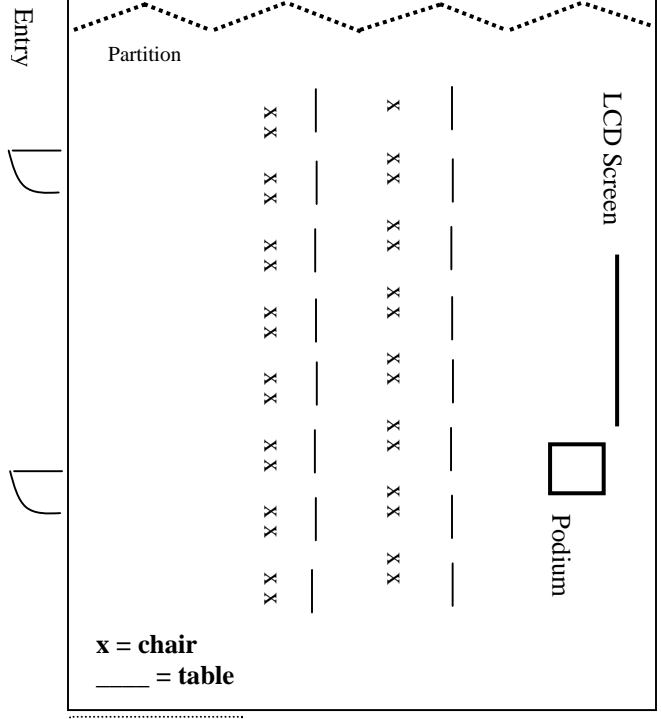
Multicultural Pavilion Setup Options (East Room)

Option A - Theater



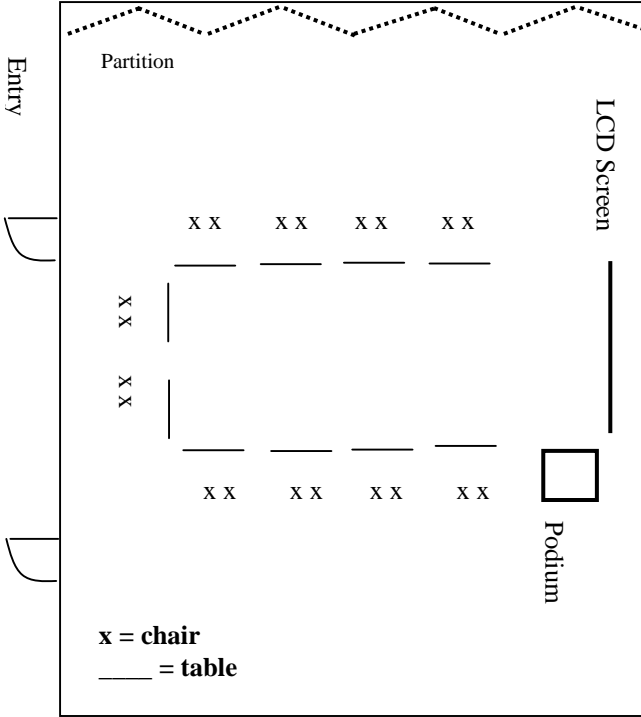
Capacity: 40

Option B - Classroom



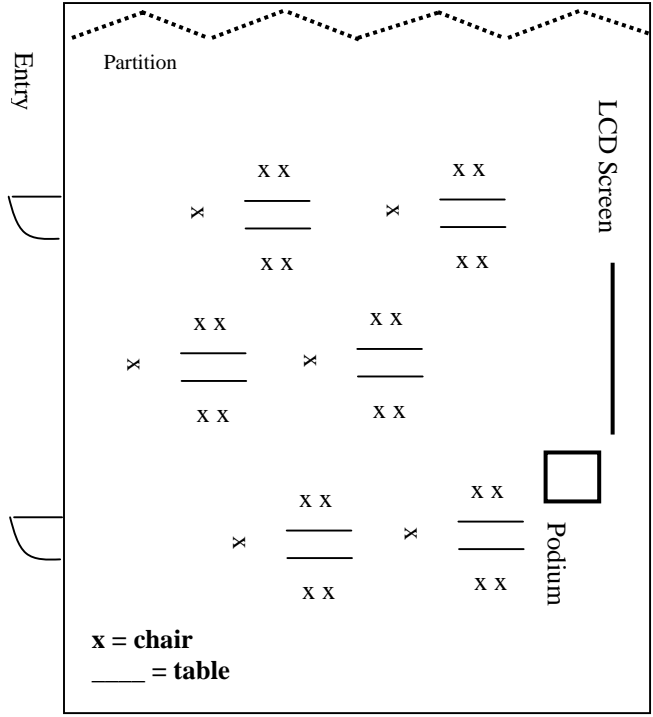
Capacity: 36

Option C - Meeting



Capacity: 20

Option D - Banquet



Capacity: 30