



P.O. Box 455, Plattsburgh, NY 12901 518-561-0100 FAX 518-561-0240

CONFERENCE ROOM REQUEST

Please fill in all spaces relating to your meeting or training session. Requests should be submitted to the CVES Instructional Services Center at least two (2) weeks prior to the scheduled activity for approval.

REQUEST FROM:
District: _____
Department: _____
Contact Person: _____
Address: _____
Phone: _____

BILL TO:
District: _____
Department: _____
Attention: _____
Address: _____

Name/Type of Function: _____

Date of Function: _____ Estimated Attendance: _____ Actual Attendance: _____

Conference/Meeting Room Set-Up	Equipment: (A/V Requested)	Refreshments
<input type="checkbox"/> Head Table - No. Chair: _____	<input type="checkbox"/> Computer Lab	<input type="checkbox"/> Donuts
<input type="checkbox"/> Classroom (with tables)	<input type="checkbox"/> LCD Projector / Laptop / Internet	<input type="checkbox"/> Muffins
<input type="checkbox"/> U Shape (tables)	<input type="checkbox"/> PA System	<input type="checkbox"/> Fruit
<input type="checkbox"/> Block (tables)	<input type="checkbox"/> Phone	<input type="checkbox"/> Coffee (regular)
<input type="checkbox"/> Theatre (chairs only)	<input type="checkbox"/> TV/DVD	<input type="checkbox"/> Coffee (de-caf)
<input type="checkbox"/> Tables Clusters _____ per table	<input type="checkbox"/> Video Conference Equipment	<input type="checkbox"/> Tea
<input type="checkbox"/> Registration Table	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Ice Water
<input type="checkbox"/> Other: Please Specify _____		<input type="checkbox"/> Soda

Conference/Meeting Schedule

Morning Session

Registration: _____ am
Session: _____ am to _____ am

Afternoon Session

Registration: _____ pm
Session: _____ pm to _____ pm

Evening Session

Registration: _____ pm
Session: _____ pm to _____ pm

Meals Requested
<input type="checkbox"/> Lunch Number of Lunches _____ Time to be served _____

Room Assignment
<input type="checkbox"/> Clinton <input type="checkbox"/> Essex
<input type="checkbox"/> Warren <input type="checkbox"/> Washington

Invoicing:	CVES USE ONLY
Room Charge: \$ _____	WinCap: \$ _____
Refreshments: \$ _____	Print Shop: \$ _____
Lunches: \$ _____	TOTAL: \$ _____
Copying: \$ _____	
Technology: \$ _____	

Request Authorization

Position

Date