chicago center for early education
resources for parents and professionals

Date: _____

**** Complete all information on this form.**
Then print or save this document.
Fax requests to: 312-733-9636 or
Email requests to Juanita Harris@ harrisj@uic.edu

MEETING REQUEST

Name of Meeting: _____

Contact Person: _____

Organization: _____
☐CYS Central Office ☐CYS Funded Organization ☐Other

Address: _____Zip:_____

Phone: _____Fax: _____

Email: _____

Date of Meeting: _____Number of People: _____

Start Time: _____End Time: _____

Purpose:_____

_____

Outside Speaker: _____
Name Telephone

REQUIREMENTS

Room Space
☐ Computer Lab (15 people)
☐ Training Side (15-30 people)

Room Arrangement
☐ Classroom Style
☐ U Set-up
☐ Square
☐ Small Group Set-Up
☐ East Style Set-UP (both sides facing East)

Computer
Specify Software:_____
_____
_____

Audio-visual
☐ Flip Chart ☐ Portable Screen
☐ Laptop Computer
☐ LCD Projector
☐ Overhead
☐ Smart Board
☐ Sound System
☐ TV/VCR
☐ CD Player
☐ DVD Player
☐ Elmo Projector

Orientation to CCEE ☐Yes ☐No

Please Note: A Confirmation will be sent after the space has been approved.

Confirmed Meeting: _____
Name Date