

Date: _____

Please complete all information on this form.

- Could accommodate
 Could not accommodate. Reason _____

MEETING REQUEST

Name of Meeting: _____

Contact Person: _____

Organization: _____

- DFSS Central Office DFSS 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

Fax request to: 312-733-9636 or Email : harrisj@uic.edu

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

Confirmed Meeting: _____

Name

Date