

Date: \_\_\_\_\_

Complete all information on this form.

Then print or save this document.

Fax request to: 312-733-9636 or

Email request to Juanita Harris@ [harrisj@uic.edu](mailto:harrisj@uic.edu)

**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

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

Confirmed Meeting: \_\_\_\_\_

Name

Date