



## Meeting Request Form

Requests for meeting rooms and \*special room setups are due to the church secretary **two weeks** prior to the scheduled event. Please email completed form to churchsecretary@mtennon.org.

**Department/Ministry:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Meeting Name:** \_\_\_\_\_

Is this a recurring meeting?    Yes    No      Weekly    Monthly    Quarterly

**Meeting Date(s):** \_\_\_\_\_

**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**Location** \_\_\_\_\_

**Number of Attendees:** \_\_\_\_\_

\* \* \* \* \*

**Room Requirements:**

Audio Visual Requirement	IT Requirements	Other Requirements
<input type="checkbox"/> Microphone <input type="checkbox"/> floor <input type="checkbox"/> lavalier <input type="checkbox"/> table	<input type="checkbox"/> Laptop <input type="checkbox"/> Projector <input type="checkbox"/> TV <input type="checkbox"/> VHS VCR <small>(must be submitted 48 hrs prior to event)</small> <input type="checkbox"/> DVD <small>(must be submitted 48 hrs prior to event)</small> <input type="checkbox"/> CD Player	<input type="checkbox"/> Podium <input type="checkbox"/> Easels/Flip chart/Markers <input type="checkbox"/> Other _____

**\*A diagram of the desired setup is attached.**