

TREAT ROOM LAYOUT:

Function Date: _____

Event Title: _____

Event Start Time: _____

Event End Time: _____

Est. # Attending: _____

Contact Name: _____

Contact Number: _____

Room Layout (Checklist):

- Registration Table (6 or 8 ft.?)
- Materials Table (6 or 8 ft.?)
- Head/Presentation Table (6 or 8 ft.?)
- Guest Seating (Rounds seat up to 7)
- Catering/Buffer Tables (6 or 8 ft)
- Microphone (Lapel, gooseneck, stand)
- Podium (Order directly at 581-2637)

BAH Use Only:

*** Please sketch the desired room layout in the box below**

