## **Atwood Conference Center**

Usage Request Form



Organization Name:		
Nur		Number of Chairs*:
Organization Address:		quired)
Name of Event:		
Meeting Date(s):		Arrival Time:
Check ACC calendars for availability.		Departure Time:
Meeting Coordinator:		Phone Number:
Email Address:		Fax Number:
Please select a room/s below along wi	th the equipment required for your ev	vent:
Ted Stevens Room	Robert Atwood Room	🛛 William Egan Room
ACC Room 102	ACC Room 104	ACC Room 106
Rooms can be combined upon req	uest: Combine	Included:
Included:	Included:	✓ Multimedia Projector
✓ 84" SMART Display	✓ 84" SMART Display	
✓ 80" 1080p Display	✓ 80" 1080p Display	Requested:
✓ Audio Conferencing	✓ Audio Conferencing	□ Audio Conferencing
✓ Video Conferencing	✓ Video Conferencing	□Podium
Requested:	Requested:	
Wireless Microphone		
□Podium	Podium	
□ Room 1236		
Included:		ent will arrange and configure the room
✓ Audio Teleconferencing		oting IT issues. Please contact your vare, network, or hardware assistance
✓ Video Teleconferencing	-	pply HDMI cables, CAT5 cables, or other
Requested:	connectivity equipment.	
🗆 Podium		
Preferred Meeting Setup – Building Managen	nent will arrange the venue to accommodate your red	uest (ACC Rooms 102, 104, & 106 only)
Classroom Style	Board Room	Board Room (large room)
U-Shape	Hollow Square	□ Banquet (groups of 4)
□ Theater-Style 1	Theater-Style 2	

\*Reservation requests will be rejected if the preferred meeting setup will not accommodate the number of chairs requested. Please verify how many chairs each setup will accommodate in the Available Layouts section of the ACC website.

I have read and agree to abide by the Atwood Conference Center Usage Guidelines.

Signature	٤
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Date

PLEASE FILL OUR FORM COMPLETELY. INCOMPLETE FORMS WILL BE RETURNED.