

COMMUNITY SERVICE BUILDING

CONFERENCE ROOM REQUEST & SPECIAL EVENTS NOTIFICATION

Use this form to notify CSB of your meeting or event whether it is in your suite or in a CSB conference room.
Please fax request to 777-0919 or deliver to Suite 201.

You will be notified of any conflicts by phone and Confirmation will be by return fax

REQUESTING AGENCY INFORMATION DATE _____

Agency name: _____ SUITE _____

Agency Contact Person: _____

Phone Number: _____ ext _____ Fax Number: _____

Purpose of Request/ Name of Meeting _____

	<u>Date</u>	<u>Start Time</u>	<u>End Time</u>	<u>Number of Guests</u>	<u>Room Requested</u>	<u>Approved</u>	<u>Speaker Phone or Phone Line</u>	<u>Approved</u>
1.	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____	_____

Phone can be picked up at front desk

If outside guests are attending, please submit guest list to security desk

No open flames permitted

CONFERENCE ROOM INFORMATION

COMMENTS:

Suite:	LL	6	9	104	105	109
Capacity:	15	25	20	12	50	25