

# CCSJ Room Set up Work Sheet

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Company/Department Name	Contact Person	Phone #
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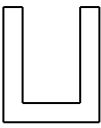
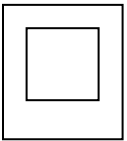
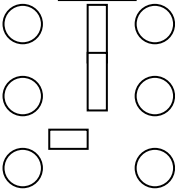
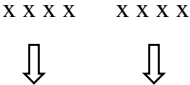
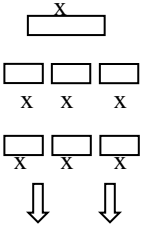
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Date of Event	Start Time	End Time
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Room: 1 <sup>st</sup> Floor Lobby	200	203	Black Box Lobby	Goodman Theater
2 <sup>nd</sup> Floor Lobby	3 <sup>rd</sup> Floor Lobby		Classroom _____	Other _____

Head Count: \_\_\_\_\_

**Style:**

OPEN "U"	CLOSED SQUARE	BUFFET STYLE	AUDITORIUM	DESK	OTHER
					

**Additional Equipment Requested:**

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Podium/Lectern	Microphone	Sound System
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Large Table(s) for food/beverages	Extra Garbage Cans
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Coat Rack	Portable Bar	Speaker Phone
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Other \_\_\_\_\_

**Other Special Arrangements:**

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**Date Submitted** \_\_\_\_\_