

Iliff Event Venue Request Form

REQUESTER'S NAME:			
ILIFF DEPARTMENT o	r COMPANY NAME:		
PHONE NUMBER:	E-MAIL:		
REQUESTED DATE:			
Organizer Arrival/S	Setup Time:		
Meeting Start Time:_	Meeting End Time:		
Organizer Departui	re/Strike Time:		
Shattuck Hall A/V:	Podium with Microphone	Y	es No
	Q&A wireless microphones	Yes No	Quantity:
	LCD Projector needed?	Y	es No
	Will you provide your own	laptop with HDM	I connection?
	Do you require a MAC Boo	k dongle for HDM	M?
If not Shattuck, list ver	nue name here:		
Room Setup Type: (<mark>Pic</mark> l		equire a Meeting (Owl? Yes No
Round Tables	Theater Style	U-Shape	Large Square
5'rectangle tables who numbers do NOT ince Final table and chair Management. If Requirilize portable a/v expression of ATTENDE	ich can be used for head lude Covid-19 occupancy spacing are up to the discuested; R. Pat Kelley Floquipment.	table, registrate y limitations (it eretion of Iliff I por, Schlessman	Event Setup Crew/Facilities Commons, Bartlett Hall
		Τ)ate

• Return this form to Michael McMillan: mmcmillan@iliff.edu