

Request for Meeting Arrangements

Return to Robin Klussmann, Room C103 or rsee@tamu.edu

Requestor: _____ Date(s) of Meeting: _____

Conference Room(s) needed: A105 C126 C140

Other: _____

Group Name: _____

Names of Attendees: (if you need more space include in e-mail or on the back)

- | | | |
|----|-----|-----|
| 1. | 6. | 11. |
| 2. | 7. | 12. |
| 3. | 8. | 13. |
| 4. | 9. | 14. |
| 5. | 10. | 15. |

Food and Beverage Requirements:

Morning Refreshments:

Time to serve: _____

Coffee Tea Juices

Assortment of breakfast bars

Other: _____

Lunch:

Time to serve: _____

Special Requests or Diet Restrictions: _____

Afternoon Refreshments:

Time to serve: _____

Coffee Tea Soft Drinks

Basket of Assorted Snacks

Other: _____

Audio-Visual Requirements:

LCD Projector Overhead Projector Conference Phone Easel

Laser Pointer Other

IT Needs _____ Number of Parking passes needed _____

Department Head signature required before submitting:

Approved: _____

Date: _____