



Lorraine Urbic, Program Leader  
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**ROOM RESERVATION REGISTRATION**

**Day & Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

**Program Title:** \_\_\_\_\_

**Presenter's Name:** \_\_\_\_\_

**Short Bio:** \_\_\_\_\_

**Program/Meeting Description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Maximum of 40 words*

**Group/Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Room Set-Up:**

- Hollow Square tables
- Classroom with tables
- Theater chairs facing forward
- Circle of Chairs
- U of Chairs
- Open Space
- Other \_\_\_\_\_

**Equipment:**

- Easel/White Board
- TV
- VCR or DVD player
- CD/cassette player
- Slide Projector
- Overhead projector
- Other \_\_\_\_\_

- Podium
- Microphone
- Lavaliere

Number expected (If known) : \_\_\_\_\_

Other Notes: \_\_\_\_\_

\_\_\_\_\_

**TO BE COMPLETED BY TUTU'S HOUSE PROGRAM LEADER LORRAINE URBIC**

Date: \_\_\_\_\_ Confirmed by (initials): \_\_\_\_\_