

Native American Student and Community Center

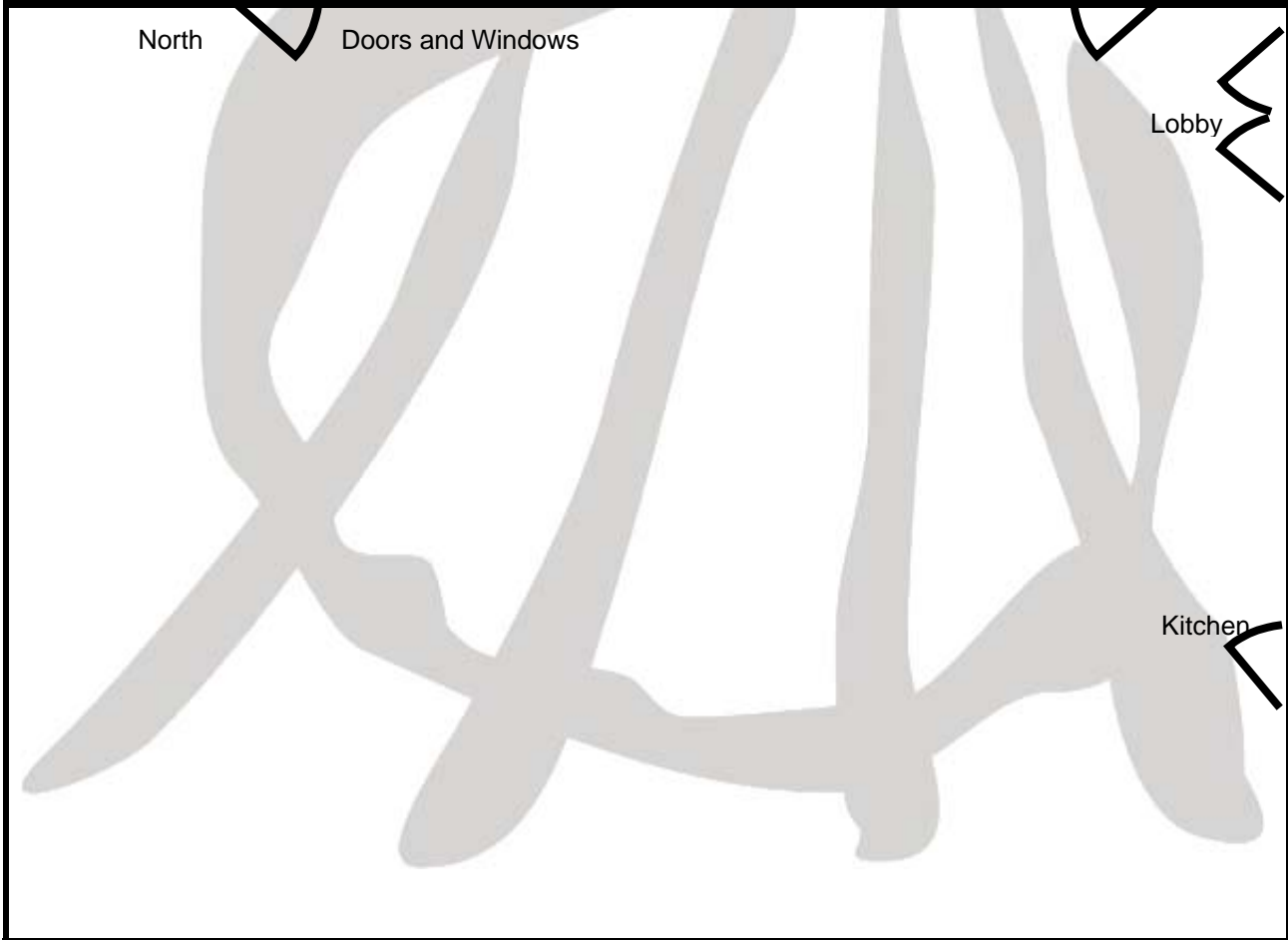
WORK REQUISITION Room 110

Initial when done

Date Submitted: _____ Date(s) Needed: _____ Time Needed: _____
 Event Name _____
 Contact Name: _____ Phone: _____
 Email: _____

Room: _____ Set up time: _____ Take down time: _____
 Number of tables: Rectangles: _____ Rounds: _____
 Number of chairs: _____ Lectern Microphone Registration table Coat Rack
 Screen Refreshment table(s) Flip Chart Easel Digital Projector Partition

SKETCH OF ROOM SET-UP:



Comments:

