



Meeting Space Request Form

Email Special Events at specialevents@pef.org

Authorized Representative/Title: (Please print clearly)			
Email:	Office Number:	Cell Number:	Fax Number:

Onsite Representative/Title: (Please print clearly)			
Email:	Office Number:	Cell Number:	Fax Number:

Day/Date of Function:		
Start Time:	End Time:	Estimated Number of Attendees:

Meeting Setup Requests:

Conference
 Hollow Square
 Classroom
 Banquet Round
 U-Shape
 Theater

Other: (Please specify)

Audio/Visual Requirements:

Podium
 Microphone
 Laptop
 Projector
 Screen

Other: (Please specify, charges may apply)

Food & Beverage: (Charges & billing to requesting organization)

Special Requests:

Requester name/title: (Print) _____ Date: _____

Signature: _____

Approved by: _____

PEF representation signature: _____ Date: _____

PLEASE NOTE: Every effort will be made to accommodate specific requests, but requests do not constitute guarantees.