STEINBERG CONFERENCE CENTER Request for Special Event

General Information

Name	Phone	Fax
Department		Address
Date(s) of Event	Event Name	>
Start Time End	Time	Number Expected to Attend
Function		
Meeting Class	Confere	nce Other (please specify)
University Account Code All	26 digits must be filled	! in
CNAC ORG OBJECT PROGRA		
Room Requirements The	ere is a charge associa	ted with the use of <u>all</u> function space.
Amphitheater Fla	t Floor Breako	out Room Other (please describe
Sleeping Room Requirements	There is a charge.	
Suite (if available)	Standard	
Food & Beverage		
Breakfast Lunch : Other (please describe)	Dinner Mid-Morr	ning Break Afternoon Break
Meeting Room Support There will be a charge for the use	e of support and/or equ	ipment that exceeds the standard set-up
Do you require AV or computer s	support? If so, please of	lescribe.

Use of the Steinberg Conference Center for University-related activities is based on availability. In most instances space commitments cannot be confirmed until 3-4 weeks prior to the event and some restrictions do apply. Requests must be made in writing. All information, including budget codes, must be provided in order to consider your request. Return your completed request to Kim Ridley by fax to 386-4304. Call 573-8460 if you have questions. Allow one week for processing.