

# Request for Meeting Arrangements

Return to Debbie French, Room C104 or [dfrench@tamu.edu](mailto:dfrench@tamu.edu)

Requestor: \_\_\_\_\_ Date(s) of Meeting: \_\_\_\_\_

Conference Room(s) needed:  A105  C126  C140  A104

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. |

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## 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: \_\_\_\_\_

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## Audio-Visual Requirements:

LCD Projector  Overhead Projector  Conference Phone  Easel

Laser Pointer  Other

Conference Room setup:  classroom  U-shape  other \_\_\_\_\_

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IT Needs \_\_\_\_\_ Number of Parking passes needed \_\_\_\_\_

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Department Head signature required before submitting:

Approved: \_\_\_\_\_

Date: \_\_\_\_\_