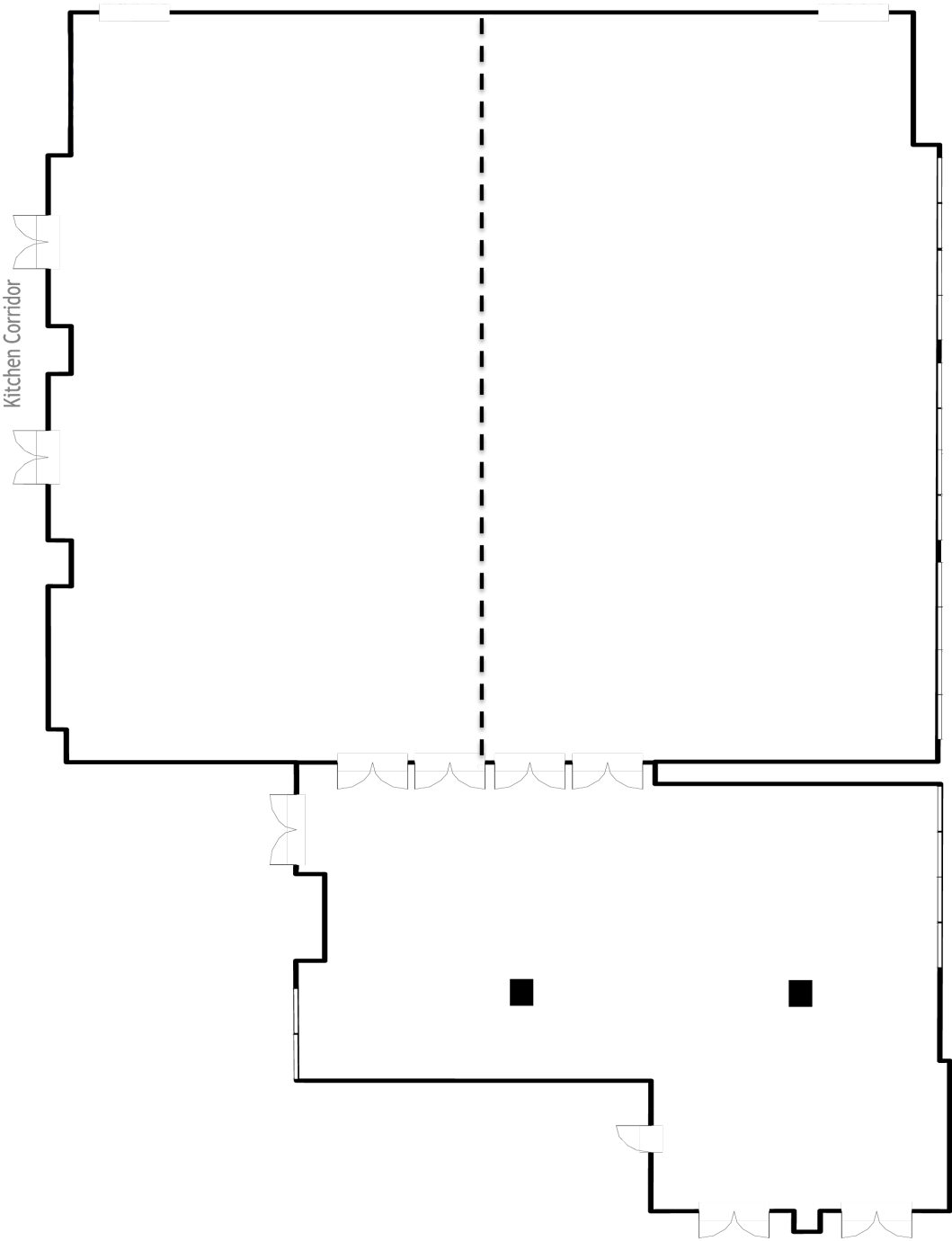


# Chamberlain Student Center Enyon Ballroom


Organization: \_\_\_\_\_

Representative: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_ Number of Participants: \_\_\_\_\_



X = Chair

 = Table

Number of Tables \_\_\_\_\_

Number of Chairs \_\_\_\_\_

## Requested Resources

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Laptop             | <input type="checkbox"/> Podium            | <input type="checkbox"/> Wireless Microphone | <input type="checkbox"/> Dance Floor  |
| <input type="checkbox"/> Laptop w/DVD       | <input type="checkbox"/> Podium Microphone | <input type="checkbox"/> Wired Microphone    | <input type="checkbox"/> Risers       |
| <input type="checkbox"/> Projector / Screen | <input type="checkbox"/> Stage             | <input type="checkbox"/> Lapel Microphone    | <input type="checkbox"/> Easels _____ |