

Trinity College Set-Up Request
Return To Conference Services Office Main Hall 118

Requested By:		Date of Request:	
Organization:		Telephone #:	
Event Title:		Trinity Contact:	
Event Location:		Number of Attendees:	
Event Date:		Event Time:	
No. of Tables	Long 8'/seats 8	Round 5'/seats 9	
Insert #	➤	➤	
No. of Chairs	Folding:	Stack:	Arm Stack:
No. of Trash Cans	➤	No. of Coat Racks	➤
Podium w/ Sound	➤	Podium w/o Sound	➤
Bulletin Boards	➤	Black Boards	➤
Projector Screen	➤		➤
			MICS:

Set-Up Diagram

X=Chairs
 T=Trash Can CR=Coat Rack

(Please Indicate the Front of the Room)

Chair Set-Up	Theatre Style:	Straight Line:
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Forward Request To:

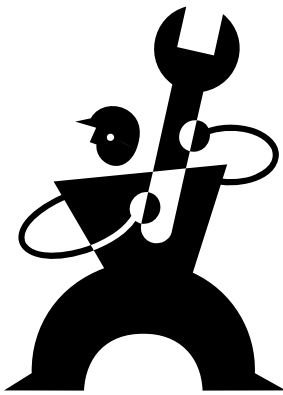
conferences@trinitydc.edu
 or
FAX: 202/884-9316

Note: ALL REQUESTS MUST BE MADE AT LEAST 7 BUSINESS DAYS PRIOR TO EVENT

Special instructions include:

<u>Requisitioner's Special Instructions:</u>
<u>To include: table skirting/ room decorating/ early access</u>

***There is an additional cost for table skirting.**



**FOR
PHYSICAL PLANT
OFFICE USE ONLY:**

Set Up Form Received (Date):	➤
Set Up Date:	➤
Set Up Time:	➤
Set Up Completed By:	➤
Date Completed:	Time: