

# CONGREGATION BETH TORAH

## ROOM SET-UP FORM

This form is due to Tom no later than five (5) working days prior to event/program.

EVENT DATE  START TIME  END TIME

EXPECTED # OF ATTENDEES

Your first name

Your last name

Your email

Your best contact number

**ROOM(S) REQUESTED**  ONEG  MPR (W)  MPR (E)

IF OTHER, PLEASE SPECIFY

**EQUIPMENT / SERVICES**  PODIUM  A/C OR HEAT TURNED ON  BACKGROUND MUSIC  
 PROJECTOR  VIDEO SCREEN  STAND MICROPHONE  
 LAVALIER (CLIP-ON) MICROPHONE

IF OTHER, PLEASE SPECIFY

### ROOM SET-UP PREFERENCES

- NO PREFERENCE / SET-UP AS DEEMED APPROPRIATE  
 PLEASE USE DIAGRAM BELOW FOR TABLES / CHAIRS SET-UP