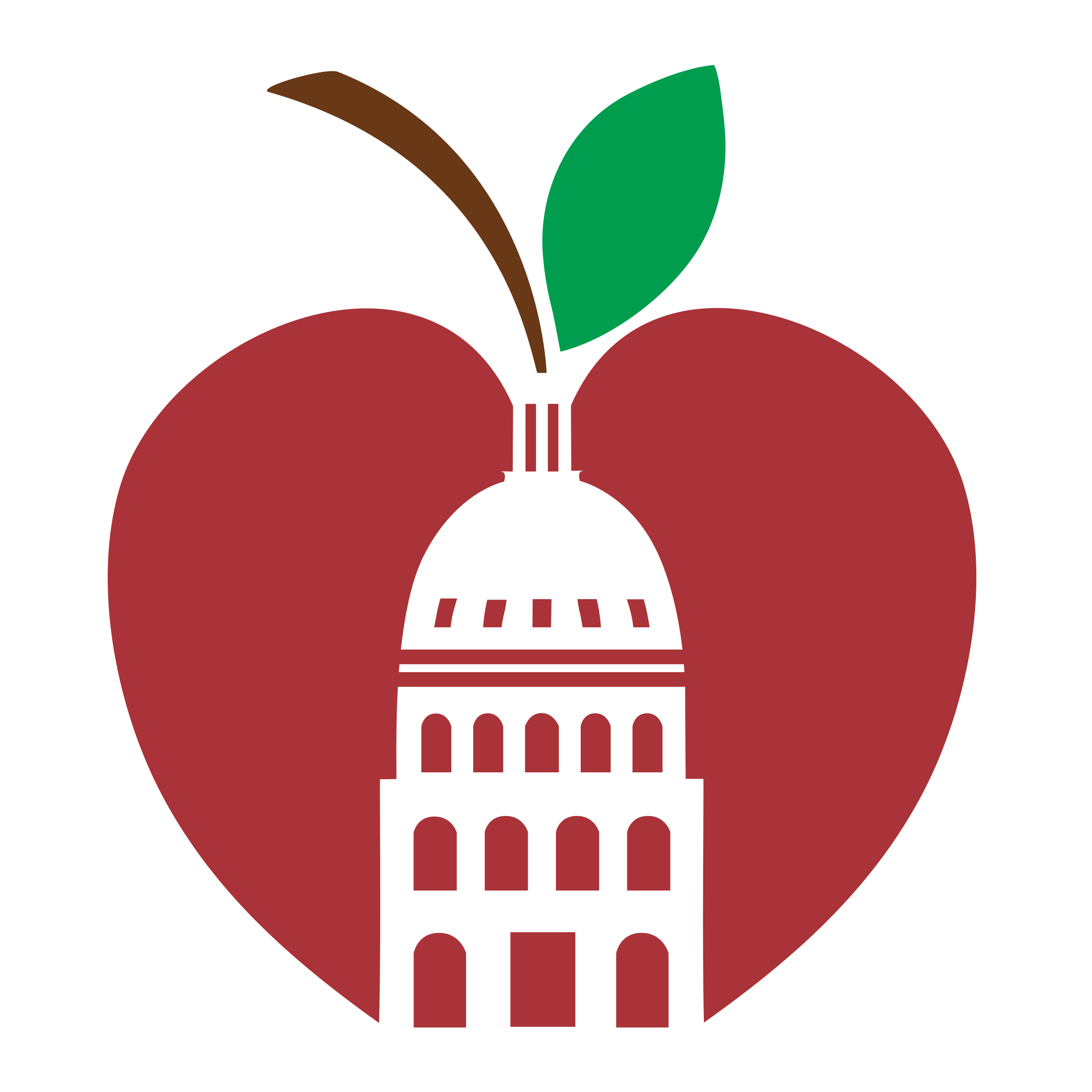
# Center for Professional Learning



# Southfield Building ▪ 4000 South IH 35 ▪ (512) 414-3976 ▪

## Meeting Request Form

*Priority is given to AISD functions.*

### Please attach letter of invitation or flyer, if available, to this request.

AISD Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organizer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maximum Number of Participants \_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Set Up Time ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session Start Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Take Down Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session End Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information for Facility Display \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program/Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this event going to be entered into HCP? YES \_\_\_\_\_\_ NO\_\_\_\_\_\_

### Room Information

These items are standard for each classroom: Edu-display, easel, chart paper, presenter’s basic training supplies (post-its, markers, pencils, stapler, etc.), cups, and water. Event organizers should bring a laptop for the Edu-display and any other materials they may need. **Media Services is not located at Southfield, so please be sure you have the appropriate amount of materials as copy services will not be available.**

🗖 Food will be delivered by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🗖 I need \_\_\_\_\_ breakout room(s)

Please select a room set-up. If no selection is made, the default room set-up is Double Chevron.

# 🗖 Hollow Square 🗖 Horseshoe 🗖 Double Chevron 🗖 Other

Please send a diagram on an attached piece of paper if you are requesting some other special arrangement.

Every attempt will be made to accommodate room arrangement requests.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### In the event your meeting is cancelled, please immediately notify

#### Celeste Dickerson via email celeste.dickerson@austinisd.org

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🗖Confirmed by Email/Telephone/Voice Mail/In Person: Room(s) Assigned: Approved by:

🗖Denied: Date: Admin Signature: \_\_\_\_\_\_\_\_\_\_\_ Revised 10/26/2018