



EAW CONFERENCE ROOM REQUEST FORM

Contact Name:

Group Name:

Phone: _____

Email: _____

Street Address:

City, State, Zip:

Meeting Date(s) & Time(s) Requested: _____

Event Type: _____

(i.e., committee meeting, board meeting, lecture, workshop, etc.)

Approximate Number of Attendees: _____ (75 person limit Main Conference Room)

(10 person limit Small Conference Room)

Will you be serving food at your event? Yes? No

Approximate time you will come by to pick up the key? _____

RENTAL FEE IS DUE ONE WEEK PRIOR TO THE MEETING DATE

Total Amount Due

\$ _____

Check Enclosed: _____ Check

Number _____

Please scan or email to: maureen@eawunion.org