EASTMAN INSTITUTE FOR ORAL HEALTH

Eastman Dental



CONFERENCE ROOM AND JOHNSON CONTROLS REQUEST FORM

*** PLEASE NOTE – NO sitting on stairs in Farash Aud and NO SMOKING allowed anywhere in the building. Speakers need to make these announcements. ***

1. Event Name:				
2. Location:	Please indicate 1 st , 2 nd and 3	3 rd choice of rooms.		
	Ely Room (#212) Occupancy by more than persons is dangerous and unlawful		by more than 124 angerous and unlawful is within the same week you ify Johnson Controls to turn on stem.	Concourse Conf Room Occupancy by more than 43 persons is dangerous and unlawful
3. Use of room:	Course Inter	nal Meeting	External Visitors	Other (please explain):
4. <u>Date(s):</u>		Time(s	<u>Sr</u>	peaker(s) (if applicable)
5. Johnson Contr None re Yes, roo	<u>-</u>	ase indicate desired se	t up and any special in	structions below.
Please note: You Square	are responsible for returning U-Shap	=	t was when you arri Classroom Sty	
Remove Table Chai	es <u> </u>	les	# of Extra: Tables Chairs	
Special Instruc	ctions:			
Computer-EDC (OR) Computer-Guest Speaker Video/DVD Audio needed (please describe):				Overhead-non digital
Time to meet	and set up the speaker:	Other (please	e describe need):	