

# Seabeck Conference Center

## Meeting Room and Beverage Requests

Group Name: \_\_\_\_\_

Dates at Seabeck: \_\_\_\_\_

### Meeting Room Arrangement:

Meeting Room: \_\_\_\_\_

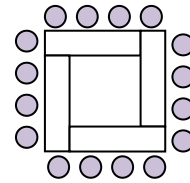
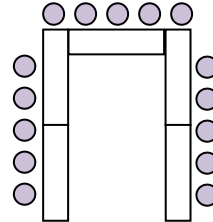
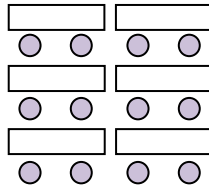
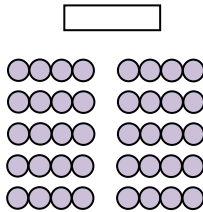
Please select one of the following:

Theater Style

Classroom Style

U Shape

Square

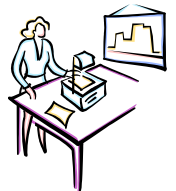


Custom Set-Up (For custom set-ups please attach a diagram.)

If you would like to set up your own space, please indicate the number of tables \_\_\_\_\_ and chairs \_\_\_\_\_.

### Meeting Room Equipment

Equipment	#	Meeting Room(s)	Day/Time
<input type="checkbox"/> TV/VCR	_____	_____	_____
<input type="checkbox"/> TV/DVD	_____	_____	_____
<input type="checkbox"/> Digital Projector (1 available)**	_____	_____	_____
<input type="checkbox"/> Overhead Projector	_____	_____	_____
<input type="checkbox"/> Screen	_____	_____	_____
<input type="checkbox"/> Easel/Newsprint/Markers	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____



\*\*There is a charge of \$25.00 per day for the digital projector. All other equipment is available at no extra costs.

\*\*\*The Meeting House has a built-in screen and an in-house PA system.



### Coffee/Tea Service

One complimentary service is provided to adult groups. Please indicate the day and time you would like this service.

Day	Time	Meeting Room	# of People
_____	_____	_____	_____

Please indicate any additional services. The charge is \$.50 per person per service.

Day	Time	Meeting Room	# of People
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____