

Muskegon Heights Public Schools
Conference Room Requirements
Instructional Services Department

Date of Event _____

Topic/Speaker _____

Contact Person _____ Phone _____

E-mail address _____

Room Set-Up

Classroom
Circle
Hollow Square

U-Shape
Mini-U or Mini-T (6)
Table(s) for panel discussion

Theater (no tables)
Registration Table

Special Accommodations _____

Equipment and Audio/Visual

Overhead Projector
TV/VCR Combo Unit

Laptop Computer
Flip Chart

Screen
Other (explain)

For other equipment needs, please contact Instructional Services staff at 830-3207.

Setup will be prepared according to this sheet. Changes requested with Instructional Services office will be accommodated if made in advance and space/time is available.

To be completed by Instructional Staff:

Assigned Room _____
Confirmed _____ Approved _____
Food ordered _____ Selection _____