

Madison Union Ballroom (11/18)

Event Services: 540.568.5555 | Scheduling: 540.568.6330 | Email: madisonunion@jmu.edu | MSC 3506

EVENT INFORMATION

Event Title: _____

Event Date(s): _____

Event Time: _____ am / pm _____ am / pm

****NOTE: This is the actual time of your event and does not include set-up time** Customer setup time must be scheduled ahead of time in EMS**

CONTACT INFORMATION

Org./Dept. Name: _____

Contact/N&B Name: _____

Contact/N&B Phone #: _____

Onsite Contact: _____

Onsite Contact Phone #: _____

If different from above

EVENT DETAILS

Included In Space: PC (or Laptop connection w/audio), LCD Projector, DVD, Sound System, Podium

Additional Equipment: Please indicate on the diagram where you would like the equipment placed

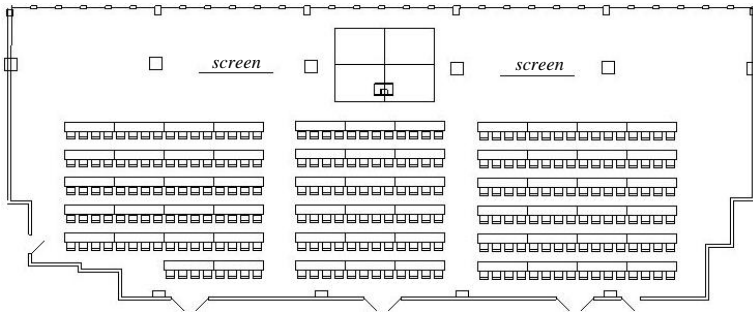
- _____ Wireless Mic (max 2) _____ Lapel Mic (max 2)
- _____ Coat Rack (max 4) _____ Portable Lectern (max 1)
- _____ Portable Dry Erase Boards (max 2)

Notes: _____

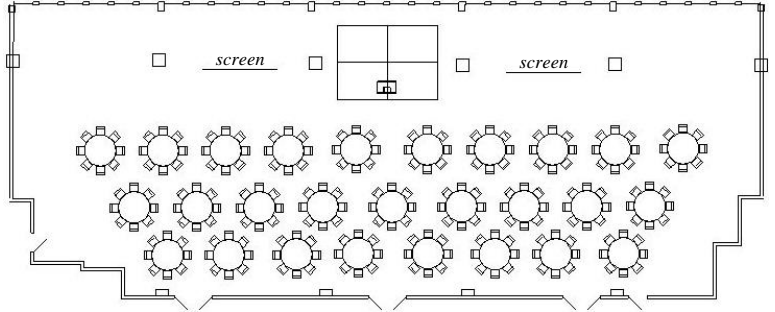
Create Your Own: Please indicate on the diagram where you would like the equipment placed

- _____ Additional Stage Pieces (6' x 8' sections - max 12)
- _____ 8' Tables (max 66) _____ 5' Round Tables (max 37)
- _____ Chairs (max 380)

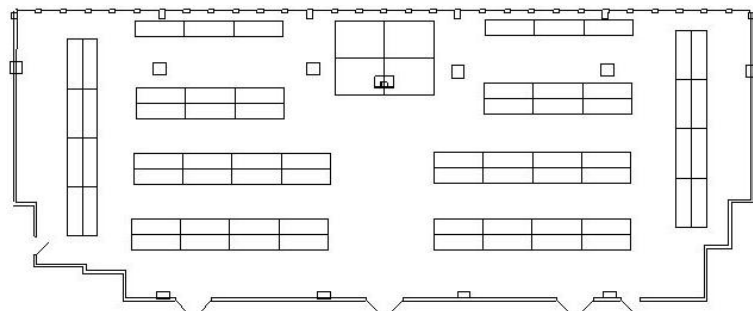
Notes: _____



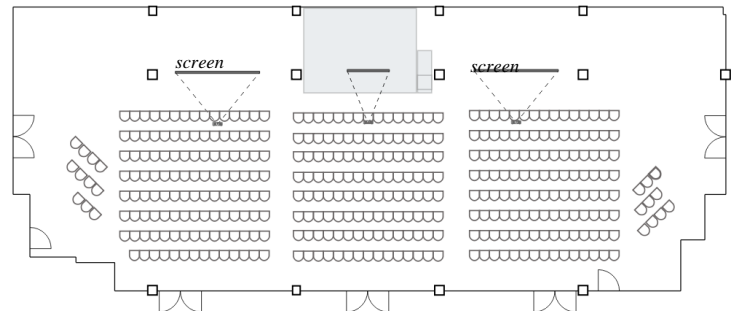
Classroom Style (max 256)
Estimated Attendance: _____



Banquet Style Screen View (max 216)
Estimated Attendance: _____



Fair/Poster Sales (max 66 tables)
Estimated Attendance: _____



Theater Style (max 380)
Estimated Attendance: _____

Madison Union Event Services Use Only:

Ref#: _____ DATE REC: _____ INT: _____ BM's Approval: _____

Additional Customer Setup Time: START _____ END _____

Details For Setup (early arrival): _____

Madison Union Ballroom (11/18)

Event Services: 540.568.5555 | Scheduling: 540.568.6330 | Fax: 540.568.6444 | MSC 3501

EVENT INFORMATION

Event Title: _____

Event Date(s): _____

Event Time: _____ am / pm _____ am / pm

****NOTE: This is the actual time of your event and does not include set-up time** Customer setup time must be scheduled ahead of time in EMS**

CONTACT INFORMATION

Org./Dept. Name: _____

Contact/N&B Name: _____

Contact/N&B Phone #: _____

Onsite Contact: _____
If different from above

Onsite Contact Phone #: _____

EVENT DETAILS

Included In Space: PC (or Laptop connection w/audio), LCD Projector, DVD, Sound System, Podium

Additional Equipment: Please indicate on the diagram where you would like the equipment placed

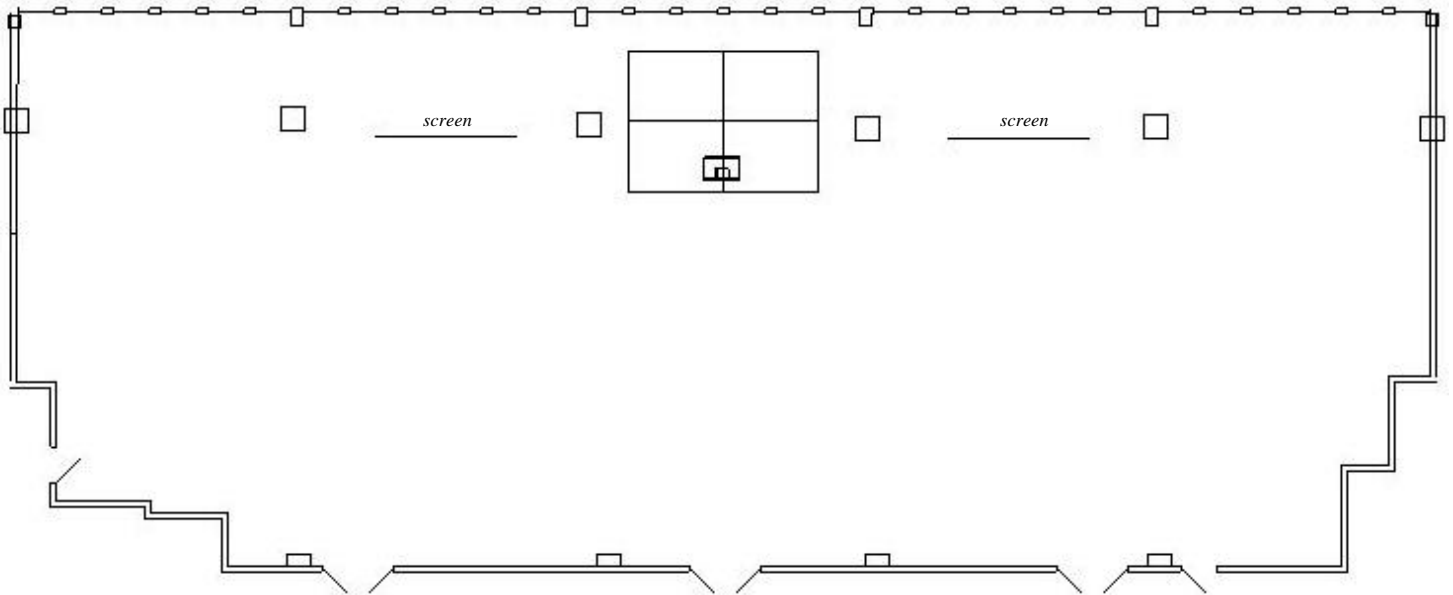
- ____ Wireless Mic (max 2) ____ Lapel Mic (max 2)
____ Coat Rack (max 4) ____ Portable Lectern (max 1)
____ Portable Dry Erase Boards (max 2)

Notes: _____

Create Your Own: Please indicate on the diagram where you would like the equipment placed

- ____ Additional Stage Pieces (6' x 8' sections - max 12)
____ 8' Tables (max 66) ____ 5' Round Tables (max 37)
____ Chairs (max 380)

Notes: _____



Create Your Own
Estimated Attendance: ____ (max 380)

Madison Union Event Services Use Only:

Ref#: _____ DATE REC: _____ INT: _____ BM's Approval: _____

Additional Customer Setup Time: START _____ END _____

Details For Setup (early arrival): _____