



## Conference Room Scheduling

\*Only needed if there will be external participants or food delivery\*

1. Name of Meeting: \_\_\_\_\_  
*(Name that has been communicated to all attendees via email/phone/in person)*
2. Date of Meeting: \_\_\_\_\_
3. Name of Room Booked: \_\_\_\_\_
4. Time of Actual Meeting: \_\_\_\_\_ More than one session?    Yes    No  
a. If yes, what time(s) are next session(s)? \_\_\_\_\_
5. Number of external attendees expected: \_\_\_\_\_
6. Participants include:      Offsite SETA Staff      Non-SETA Participants
7. Staff Contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
*(This person can answer questions about this meeting request)*
8. Meeting Leader: \_\_\_\_\_ Phone # \_\_\_\_\_  
*(i.e. Trainer/Presenter)*
9. Escort Person: \_\_\_\_\_ Phone # \_\_\_\_\_  
*(This person will come to lobby to escort attendees to meeting room)*
10. Back-up Escort Person: \_\_\_\_\_ Phone # \_\_\_\_\_
11. Do front doors need to be unlocked before 8am?    Yes    No  
a. If yes, what time? \_\_\_\_\_
12. Do internal doors need to be unlocked?    Yes    No  
a. If yes, which door(s)? \_\_\_\_\_
13. Will there be a food delivery?    Yes    No  
a. If yes, what time? \_\_\_\_\_  
b. Staff Contact when food arrives? \_\_\_\_\_ Phone # \_\_\_\_\_

**\*PLEASE COPY IRIS TRASK & STEPHANY MURPHY ON MEETING REQUEST\***