

MEETING ROOM REQUEST FORM

Name of Event: _____

Date of Event: _____

Start/End Time : _____ - _____ Number of Attendees: _____

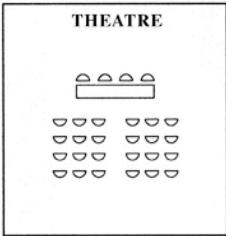
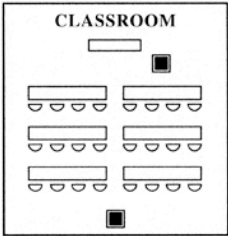
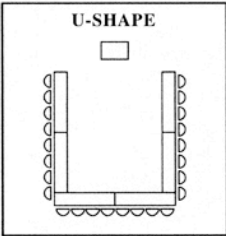
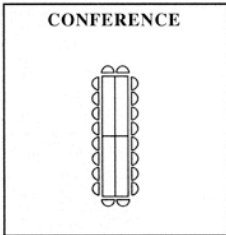
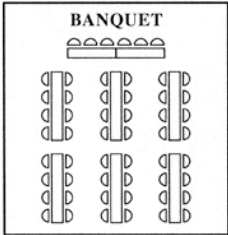
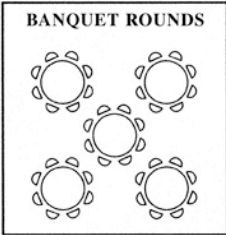
Event Contact: _____ Email: _____

Address: _____

Phone # _____

ROOM RENTAL COSTS: \$50 for up to 4 hours or \$100 for entire day. However, if \$50 or more of food is catered from CMH with the room rental, the room rental cost is waived.

Room Configuration

<p>THEATRE</p> 	<p>CLASSROOM</p> 	<p>U-SHAPE</p> 
<p>CONFERENCE</p> 	<p>BANQUET</p> 	<p>BANQUET ROUNDS</p> 

Choose one of the above: _____

Technology Resources Requests:

Computer _____ Projector _____ Speakers _____ Microphone _____ Conference Phone _____

For catering service please contact Pat McCoy at 218-878-7045.

Please route completed form to Gail Salo at gsalo@cloquethospital.com