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Room Set Up Form

Note: A separate form must be completed for each conference room that is being utilized.

Conference Room: _____

Name of Group: _____

Date: ___ / ___ / ___ Time: _____ # of Attendees: _____

Equipment (please check all that will be required):

- | | |
|---|--|
| <input type="checkbox"/> VCR/DVD Player | <input type="checkbox"/> Standard Piano |
| <input type="checkbox"/> Projection Screen | <input type="checkbox"/> Extension Cords |
| <input type="checkbox"/> Speaker Phone | <input type="checkbox"/> LCD Projector (Power Point Hook Up) |
| <input type="checkbox"/> Flip Chart & Easel | <input type="checkbox"/> Microphone(s) |
| <input type="checkbox"/> Markers | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Table Top |
| <input type="checkbox"/> Electric Piano | <input type="checkbox"/> Free Standing |

Meeting Room Arrangement:

- | | |
|--|---|
| <input type="checkbox"/> Theatre Style | <input type="checkbox"/> Number of Chairs _____ |
| <input type="checkbox"/> Semi Circle | <input type="checkbox"/> Table Size(s) & Number |
| <input type="checkbox"/> Circle | <input type="checkbox"/> 6' x 30" (Number: _____) |
| <input type="checkbox"/> Classroom Style | <input type="checkbox"/> 6' x 18" (Number: _____) |
| <input type="checkbox"/> Other (please describe below) | |

Additional Information:
