

Bank Street College
ROOM SET UP REQUEST

To: Security Desk

Requestor: _____ Department: _____ Extension: _____

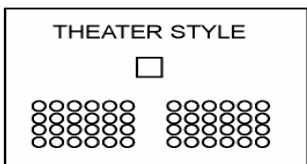
Submission Date: _____ Date Received by Security: _____

Please submit completed form to the Security Guard's desk no later than 3 days prior to the date of the function. This setup assumes that the room has been reserved and arrangements for audio-visual has been made.

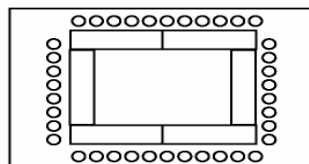
Name of Event or Function: _____

Date of function	Time of Function	No. Attending	Room Assigned	Set-up
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

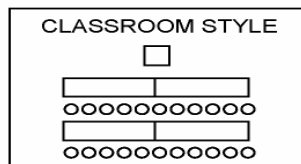
SETUP #1



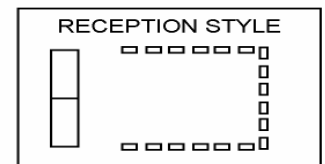
SETUP #2
CONFERENCE STYLE



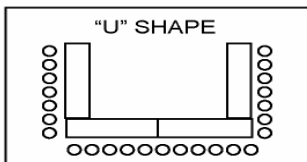
SETUP #3



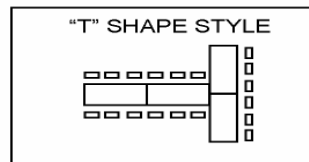
SETUP #4



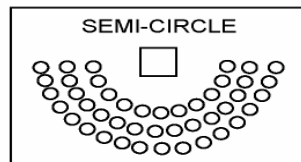
SETUP #5



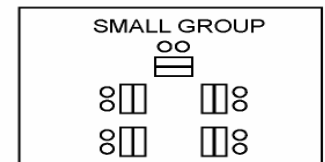
SETUP #6



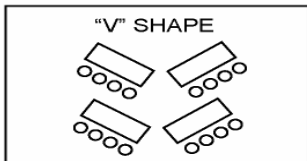
SETUP #7



SETUP #8



SETUP #9



OTHER: Please specify below or with attachment.