Conference Room Reservation

Sonoma County Office of Education I 5340 Skylane Boulevard, Santa Rosa, CA 95403-8246 I (707) 524-2600 x 0

1. Meeting Title			ROOM LAYOUT: Check the desired set-up option.			
2. Date o	of Use Requested			x x x x x x x x x x x x x x x x x x x		
3. Time o	of Use Requested In_		Out	xxx xxx		
Officia	l Meeting Time Star	rt E	End	☐ Option 1 Standard Theater	Option 2 Curved Theater	Option 3 Classroom Theater
4. Meetir	ng Room Requested **	*See Room Capac	ities, below	Standard Theater	Curved Theater	Classroom Theater
	er of Chairs Needed					BEB
	of Agency, Group, or SCO	·	,	Option 4 Rectangle/Square	Option 5 Horseshoe	Option 6 Fanned Out
	ategory: SCOE/Distric	Governme				
	ct Person					
Phone						
Email _	Email			Option 7 Bay Window (Oak Room and Eagan Rooms only)		
Addres	Address					
until a arrang	RTANT NOTE: No reserva all paperwork has been s gements have been conf APACITIES: Note that roo	submitted and p firmed.	rocessed and			
	ticipants than the room o					
		Theater	With Tables			
Redwo	ood Rooms A, B, C	200	92-102			
	ood Rooms A & B	90	32-48			
	ood Room A	40	16-30			
	ood Room B	40	16-30			
Redwo	ood Room C	100 60	32-54 22-32			
	Room (each room)	47	16-30			
_		ave the following	equipment.			
EQUIPMENT : Conference rooms have the following equipment. ☐ Chart Stand ☐ Projector			ADDITIONAL SET-UP	: Indicate quantity nee	eded.	
Screen Microphone (for large rooms)						
AGREEMENT: I have read and agree to abide by the Sonoma County Office of Education's Meeting Room Use Rules and, if applicable, the Facilities Use Agreement and will ensure that the rules are conveyed						
	=	ensure mat me r	uies are conveyed			
to meeting participants.			FOR OFFICE USE ONLY:			
			Date received:			
Signature of Responsible Person				•		
Date						