

Conference Room Reservation

Sonoma County Office of Education ■ 5340 Skylane Boulevard, Santa Rosa, CA 95403-8246 ■ (707) 524-2600 ■ Fax (707) 524-2602

1. Meeting Title _____

2. Date of Use Requested _____
3. Time of Use Requested In _____ Out _____
Official Meeting Time Start _____ End _____
4. Meeting Room Requested ****See Room Capacities, below**

5. Number of Chairs Needed _____
****See Room Layout, right, to specify chair and table set-up**
6. Name of Agency, Group, or SCOE Dept/Program

7. User Category: SCOE/District Nonprofit Commercial
8. Contact Person _____
Phone _____ Fax _____
Email _____
Address _____

IMPORTANT NOTE: No reservation will be considered final until all paperwork has been submitted and processed and arrangements have been confirmed.

ROOM CAPACITIES: Note that rooms will not be set up for more participants than the room capacities specified below.

	Theater	With Tables
Redwood Rooms A, B, C	200	120
Redwood Rooms A & B	100	48
Redwood Room A	50	24
Redwood Room B	50	24
Redwood Room C	90	60
Oak Rooms D & E	100	64
Oak Room D	50	32
Oak Room E	50	24
Board Room	50	30

EQUIPMENT: Conference rooms have the following equipment.

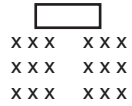
- | | |
|-----------------|--------------------|
| Chart Stand | Overhead Projector |
| VCR and Monitor | Screen |

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 to meeting participants.


Signature of Responsible Person

Date

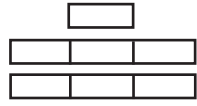
ROOM LAYOUT: Check the desired set-up option.

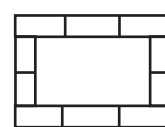
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Option 1
Standard Theater

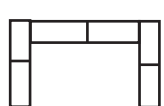


Option 2
Curved Theater




Option 3
Classroom Theater
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Option 4
Rectangle/Square



Option 5
Horseshoe



Option 6
Fanned Out

Option 7, Other—Please provide a detailed sketch

ADDITIONAL SET-UP: Indicate quantity needed.

- Presenter table _____
Food table _____
Material / side table _____

FOR OFFICE USE ONLY:
Date received: _____
Confirmed by: _____
Date confirmed: _____