



MEETING ROOM REQUEST FORM

Day & Date of Meeting : _____ Time: _____

Description of Meeting : _____

Audience : BISD Personnel _____ Other _____

Number Expected to Attend : _____

Room Requested:

- _____ Board Room (Must have Superintendent's approval)
- _____ Conference Room A (conference room next to cafeteria)
- _____ Conference Room B (conference room adjoining Board Room)
- _____ Planetarium A (computer side - Check with Information Services)
- _____ Planetarium B (room next to auditorium)

Special Equipment/Technology Needed:

- _____ Portable Writing Board
- _____ Mics
- _____ Coffee for _____ a.m. _____ p.m.
- _____ Soft Drinks for _____ Specific request(s): Diet _____ Reg. _____
- _____ Other : _____
- _____ Podium/PC/Sound, Etc.: _____
- _____ Guest WiFi: _____

Room Arrangement:

- _____ Tables and Chairs
- _____ with _____ tables in rows, facing _____
- _____ Other (Please illustrate) _____

Person Scheduling Room/Date

Approver's Signature

cc: *Head Custodian* *Date Received:* _____
Toni McPherson, Director of Technology (tmcpher@bmtisd.com) *Added to Calendar By:* _____