



City Department Meeting Request

IF FAXING, PLEASE DO NOT DUPLICATE BY MAILING THE COPIES

FAX TO: HARBORSIDE EVENT CENTER
 Attention: Event Services
 Event Services (239) 321-8120 Fax (239) 344-5962
 E-MAIL: rdechard@cityftmyers.com WEB: www.HarborsideEvents.com

ID: _____

Name of Event: _____

Company: _____

Show Dates: (from) _____ (to) _____

To be completed & returned via facsimile by requesting City department.

Space will not be reserved with incomplete requests.

Meeting Purpose: _____ **Expected Attendance:** _____ Public Meeting

Department Requesting: _____ **GL Account to Charge:** _____

Event Organizer/ Contact: _____
 (City department contact person & info)

 (Outside consultants contact person & info)

Start Date: _____ **End Date:** _____

Start Time _____ **End Time:** _____

Audio Visual Requirements: Enter Quantity required of each:

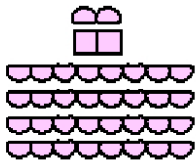
___ Screen ___ LCD Projector ___ Overhead Projector ___ Flipchart ___ Easels ___ TV/DVD

Will meeting need to be recorded: Audio Only Audio & Video

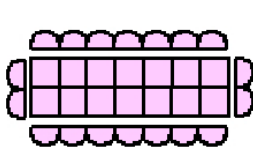
(Requesting department must contact City Clerk & MIS to schedule and coordinate recording of meetings)

Identify Room Setup: Theater, Conference Hollow Square U-Shape Classroom Other

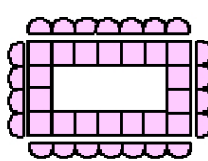
Theatre Style



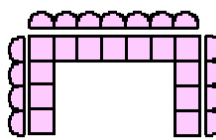
Conference Style



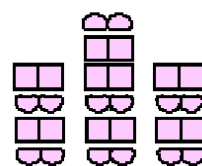
Hollow Square



U-Shape



Classroom Style



Additional Room Requirements: Enter Quantity required of each

___ Water Station ___ Display Tables ___ Registration Tables

X _____ Phone _____

I give authorization to Harborside Event Center to charge the GL account listed above for fees associated with this event which will be outlined in the event confirmation order once this request has been processed. An administrative fee of \$100 will be charged for all cancelled events.