Meeting Request Form

Meeting Name:		
Meeting Date:		
Number of Attendees :*		
Time:		
Chair (Name/Telephone Number):		
Room Set-up: Conference U Shape	Classroom Theatre-style	
* To reduce costs we will arrange for buffet style group (Wednesday - Friday) from 7:30 - 9:00 a. m. and 12 not the headcount of meeting attendees will be used for lun Vegetarian, no salt, no MSG, and low cholesterol meals	oon - 1:00 p.m. respectively. Unless otherwise not named planning and allocating meal costs.	ted,
FOOD/BEVERAGE A (Prices are ap		
Coffee/Herbal Tea Break (\$2.75 pp) Start Time	»:	
Soda/Mineral Water Break (\$3.25 pp) Start Tim	ne:	
Indicate special dietary requirements:		
AUDIO-VISUAL EQUIPMENT (Prices are approximate)		
Flip chart w/Easel & Markers (\$38/day)	Multimedia-Data Projector (\$675/day)	
Overhead Projector w/Screen (\$120/day)	Podium w/Microphone (\$45/day)	
35mm Slide Projector (\$140/day)	Lavaliere Microphone (\$45/day)	
TV/VCR (\$215/day)	Other	

Please return form/information no later than: **7 May 2004 Mail Form:** Pamela Kemper, IEEE Computer Society

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