



# Chester County Intermediate Unit

## Conference Center Reservation Request Form

Items marked with \* are required fields.

### Contact Details

- \* Organization: \_\_\_\_\_
- \* Address: \_\_\_\_\_  
\_\_\_\_\_
- \* Contact Name: \_\_\_\_\_
- \* Work Phone: \_\_\_\_\_
- Mobile Phone: \_\_\_\_\_
- \* Fax: \_\_\_\_\_
- \* Email: \_\_\_\_\_

Please circle preferred contact method:    Work Phone    Mobile Phone    Email

### Event Details

- \* Date(s): \_\_\_\_\_
  - \* Start Time: \_\_\_\_\_
  - \* End Time: \_\_\_\_\_
- If you require set-up or clean-up time in excess of 15 minutes, please contact the Conference Center

- \* Number of Attendees: \_\_\_\_\_
- \* Preferred Room Set-up: \_\_\_\_\_

Please note the room set-up will affect capacity

- \* Will this be a Teleconference or Videoconference?

Please circle one if applicable

Additional Requests or Requirements: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please return your completed form to the Conference Center.  
 For questions please call (484) 237-5153.