

MLML Meeting Room Reservation Request Form

Moss Landing Marine Laboratories (MLML) is pleased to accommodate your group's request for meeting space. The following information is necessary for us to process your reservation. Please read the attached guidelines concerning the use of MLML meeting facilities, then complete the reservation request form and fax it to (831) 632-4403. Once your request is approved, this form will be returned to you as a confirmation of your meeting date(s). For more information or questions please contact May D. Schneider at (831) 771-4400 or e-mail to (mdeluna@mlml.calstate.edu) .

Group Name: _____

Purpose of Visit: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Date: _____

Time Start (**Prep**): _____ Time Start (**Event**): _____ Time End: _____

Room: _____

Number of People: _____

I/we will need (please check all that apply) **Allow 30 mins. prior to event for iT set up:**

<u>COMPUTER SUPPORT</u>	<u>VIDEO SUPPORT</u>
<input type="checkbox"/> Laptop <input type="checkbox"/> PC <input type="checkbox"/> Mac <input type="checkbox"/> Mac DVI to VGA adapter <input type="checkbox"/> Flash Drive <input type="checkbox"/> Mouse / Keyboard	<input type="checkbox"/> LCD Projector for laptop <input type="checkbox"/> Laser Pointer <input type="checkbox"/> DVD Player <input type="checkbox"/> VHS Player <input type="checkbox"/> Slide projector
<u>NETWORK SUPPORT</u>	<u>AUDIO SUPPORT</u>
<input type="checkbox"/> Web Browsing Access only <input type="checkbox"/> E-mail access <input type="checkbox"/> FTP, SSH, VPN Access	<input type="checkbox"/> Microphone <input type="checkbox"/> Lapel mic <input type="checkbox"/> Handheld mic <input type="checkbox"/> Audio for video (DVD, VHS, Powerpoint)
<u>PHONE SUPPORT</u>	<u>MISC</u>
<input type="checkbox"/> Conference phone	<input type="checkbox"/> Will bring Food/Beverages <input type="checkbox"/> Will use a Caterer <input type="checkbox"/> Will need Kitchen Access <input type="checkbox"/> Will need Conference Tables

*** If you are hosting a scientific meeting/workshop, would you be amenable to MLML faculty, staff and students listening to the lecture portion(s) of your meeting? _____
If so, please submit a short abstract/description of the meeting topic.

Group Contact Signature: _____ Date: _____

MLML Sponsor Name: _____

Sponsor Signature: _____ Date: _____

For Internal Use Only

Assigned Room: _____

Posted Internal Calendar: _____ Confirmation Sent: _____ Room Fee Received: _____

Revised June 2008