

Miller Family Health Education Center

CONFERENCE ROOM EVENT REQUEST FORM

(SUBMIT AT LEAST 7 DAYS BEFORE EVENT)

Email: Crystal.Sanders@longbeach.gov

Phone: (562) 570-4230

Fax: (562) 570-4049

Requestor Information

Today's Date: _____

Requestor's Name: _____

Agency/Program: _____

Type of Event: _____

Date of Event: _____

Time of Event: _____ to _____

of Attendees: _____

Event Location

____ Multicultural Pavilion East & West*

____ Multicultural Pavilion East*

____ Multicultural Pavilion West*

____ Multipurpose Room*

Special Requests

(LCD projector, Cable TV/VCR/DVD, microphone(s), videoconferencing equipment, teleconferencing equipment, interpretation equipment, refreshment or registration tables, laptop)

Room Setup (Please refer to attached diagrams)

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Option A

☐

Option B

☐

Option C

☐

Option D

**POSTING OF FLYERS ON FACILITY WALLS, DOORS OR WINDOWS PROHIBITED
PLEASE USE EASELS TO DISPLAY POSTERS AND PRESENTATION MATERIALS**

Administrative Use

Approval Date _____

Approved

☐

YES

☐

NO

Signature _____

Comments: _____

Option A - Theater



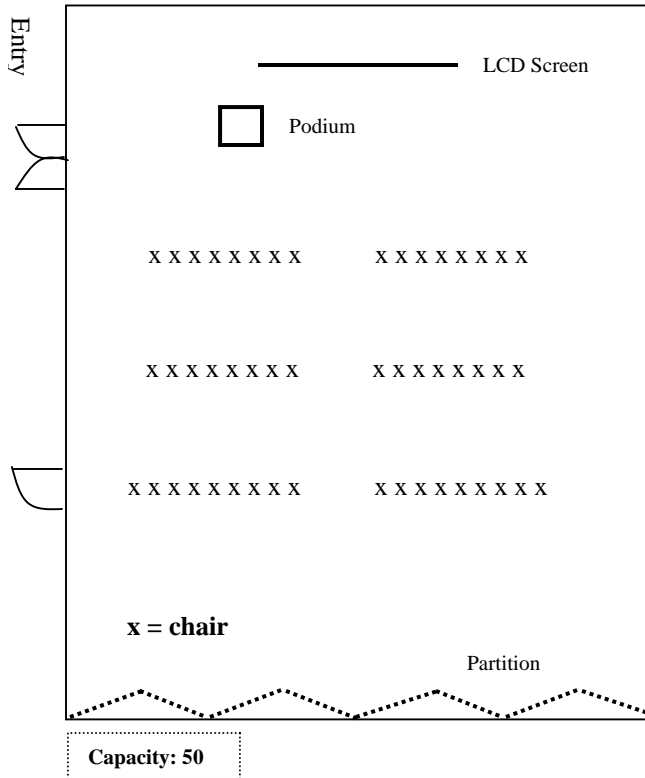
Capacity: 80

Capacity: 40

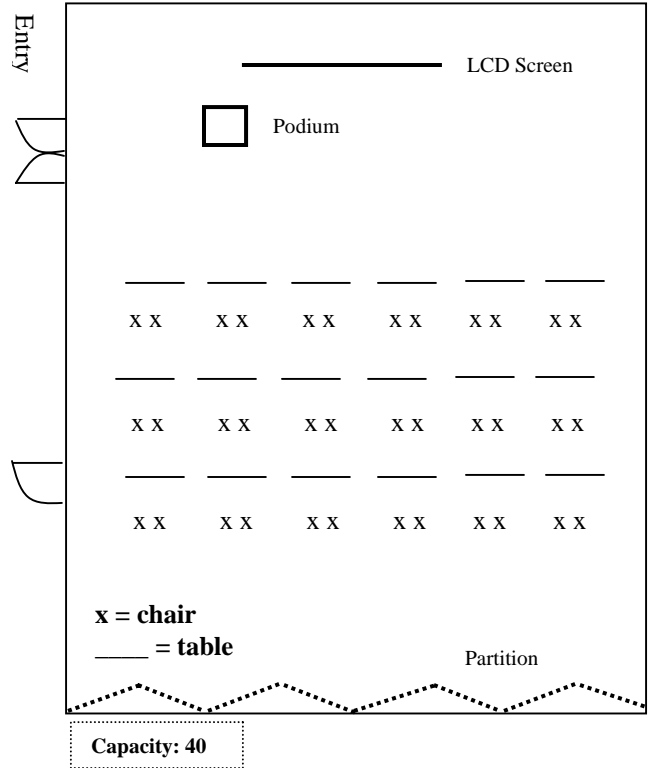
Capacity: 100

Multicultural Pavilion Setup Options (West Room)

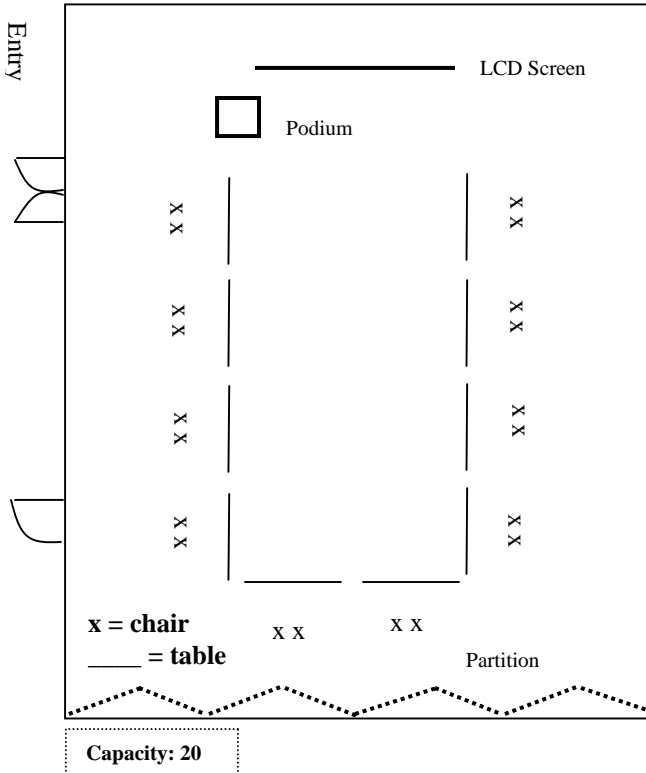
Option A - Theater



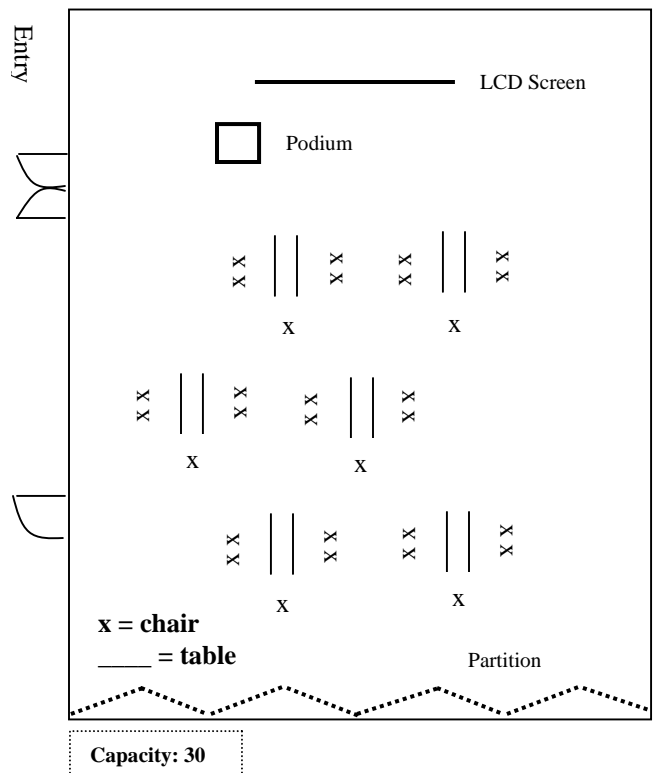
Option B - Classroom



Option C - Meeting

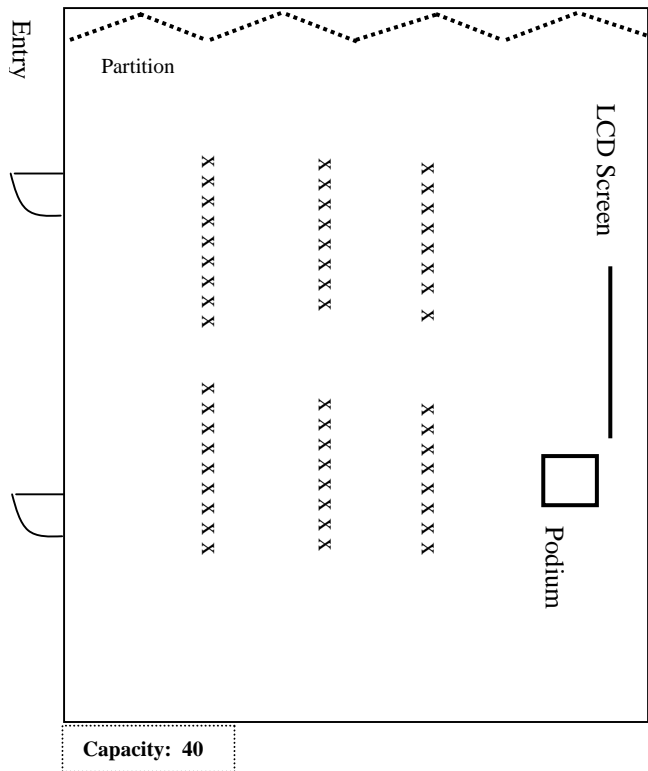


Option D - Banquet

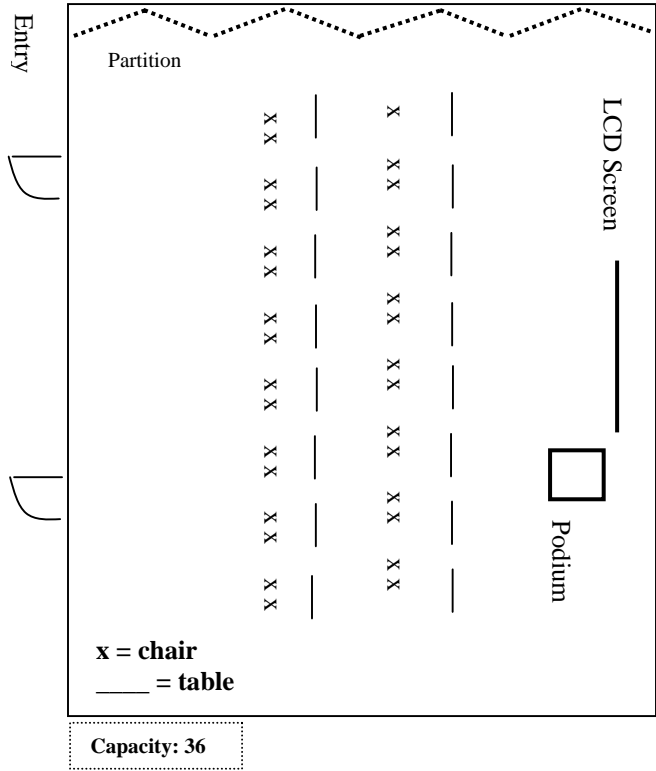


Multicultural Pavilion Setup Options (East Room)

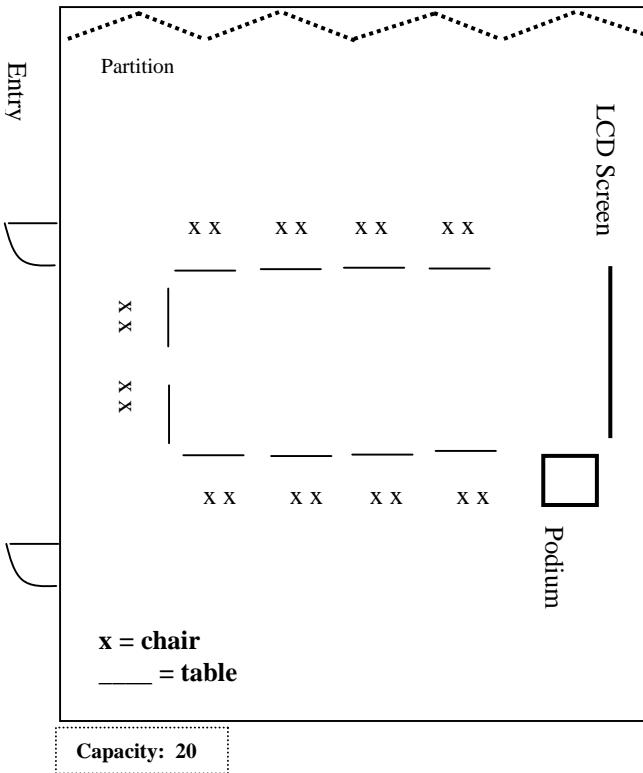
Option A - Theater



Option B - Classroom



Option C - Meeting



Option D - Banquet

