EVENT NUMBER

Montgomery College

REQUEST FOR SERVICES

Name of Applicant _____ Date _____

Org./Dept./Instr. Unit _____ Phone _____

Location of Event - Room _____ Building _____

Set Up Time _____ Breakdown Time _____

Date(s) of Event _____ Actual Time of Event _____

Service(s) Requested:

- ❑ Seating
- ❑ Tables
- ❑ Podium/Lectern
- ❑ Flags (U.S. _____ MD _____ M.C. _____
- ❑ Other _____

( ) Other _____

Additional MC Services that the Applicant will be requesting:

( ) Catering: catering@montgomerycollege.edu

( ) Television Coverage & AV Support:
http://cms.montgomerycollege.edu/EDU/Department.aspx?id=15351

( ) AV Support Only:
http://cms.montgomerycollege.edu/oit/InTech.aspx?id=66&linkidentifier=id&itemid=66

( ) Theatre Technician (contact the Campus Theatre Technician)

Description of Set-up
(No set-up will be done without a diagram)

FACILITIES OFFICE USE ONLY

COMMENTS:

_____
Facilities Scheduler Date ❑ Approved ❑ Denied

8.113b (6/00) Distribution: ❑ Facilities ❑ Building Services ❑ O&M ❑ Other Services ❑ Security ❑ Requestor