

## **Conference Room Reservation for Members**

Group/Meeting Name:		Date of Meeting:	
Main Contact: Phone		If the requested date is una date we can check and rese	
Email (Required)	Company		Number of Guests:
Room Reservation			
Standard Conference Room (Seats 6-10)	Board Room (for grou	ps larger than 10)	
Board Room Configuration  Classroom Theater (Seats 50) (Seats 80)	Pods	Board Room	
Catering Needs  Would you like for us to suggest a Caterer?  Yes  *Beverage Service available for groups smaller than 15	No		
AV Needs Projector/Screen Laptop	Other		

Please forward completed document in advance of meeting to **Alex Browder -** abrowder@greaterlouisville.com