

# STM ACTIVITY CENTER SET UP

MUST BE TURNED IN 5 DAYS PRIOR TO THE EVENT

Organization/Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Event: \_\_\_\_\_ Group Size: \_\_\_\_\_

Date/Time set up should be completed by: \_\_\_\_\_

Tables available for use: *(Please circle style and indicate the number of each that is needed.)*

\_\_\_\_\_ Round      \_\_\_\_\_ Rectangle: *(choose size)*      4 ft.    6 ft.    8 ft.

Number of chairs needed: \_\_\_\_\_

Additional equipment needed: *(circle if needed)*    TV    DVD player    Podium    Microphone  
Projector    Other: \_\_\_\_\_

Set up style:      Conference    Audience    Sit Down    Buffet

