

Champaign County Meeting Room Reservation
Form

Employee Information:

Name: _____

Department: _____

Interoffice Extension: _____

Reservation Information:

Meeting Room Requested: _____

Date of Meeting Requested: _____

Meeting Title: _____

Meeting Start/Set Up Time: _____

Meeting End/Clean Up Time: _____

Subject to Open Meetings Act:

Reservation Information:

Approximate number of attendees:

Will you need a conference phone?

Will you need a projector or any special presentation equipment?

If yes, please briefly explain what you will need:

Please attach and email completed PDF fillable forms to **Mary Ward** in Administrative Services.

****Please note that the Shields-Carter Meeting Room is unavailable after 3 p.m. on days when a County Board meeting or subcommittee is scheduled.****