



BUD RANK MPR FACILITIES REQUEST MAP

Today's Date: _____

MPR Facilities Request For (Name of Event): _____

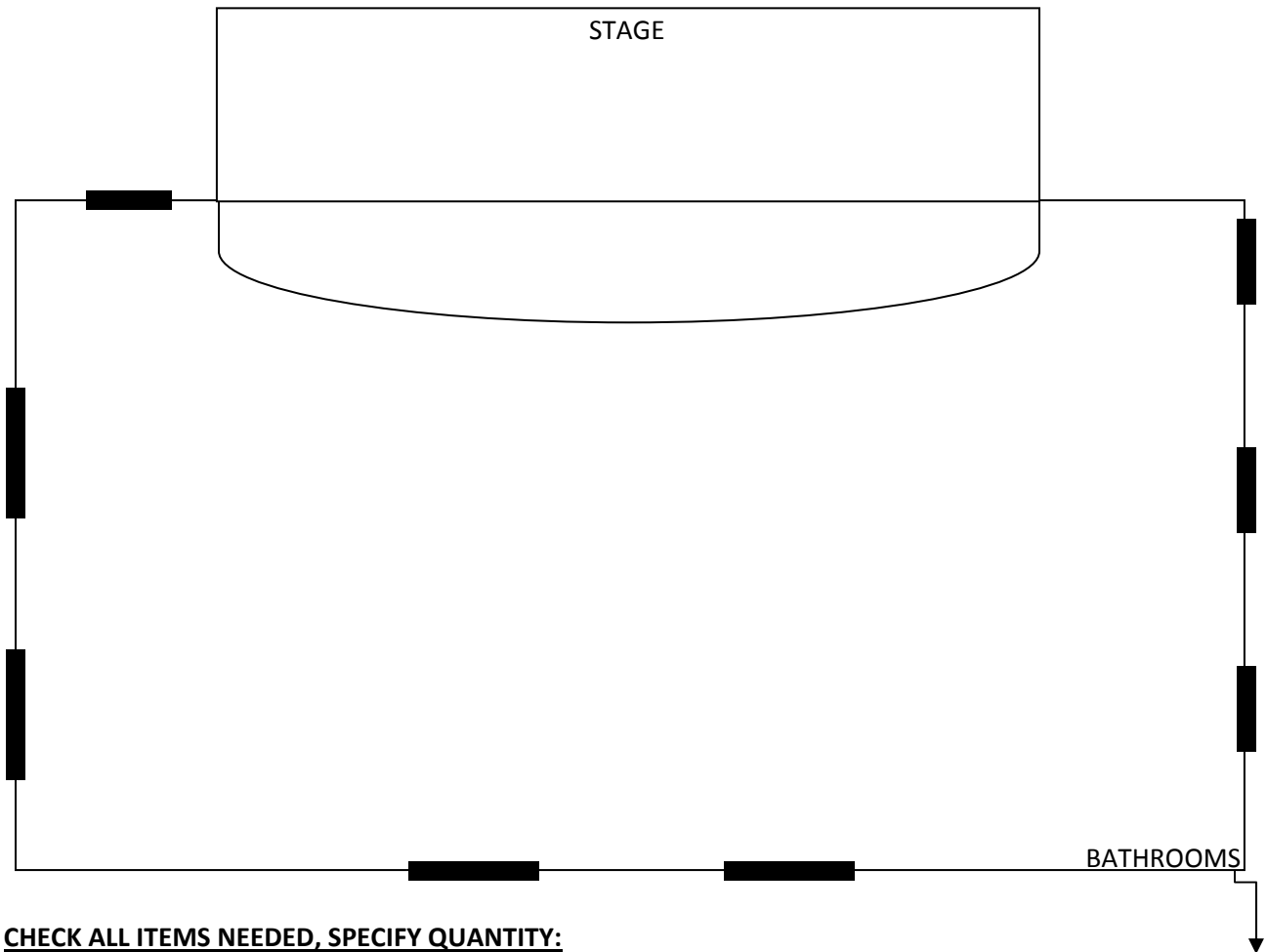
Event Date: _____

Event Time: _____

Contact Person: _____

Contact Phone #: _____

PLEASE DRAW THE LAYOUT FOR THE EVENT:



CHECK ALL ITEMS NEEDED, SPECIFY QUANTITY:

Microphone x _____

Podium

LCD Projector x _____

Electrical Cord x _____

DVD Player/TV

Projector Screen

Chairs x _____

Cafeteria Tables x _____

Folding 6' Tables x _____

Risers x _____

Other: _____