



**American Center for Physics
Meeting Services Form**

Name: _____	
Society: _____	
Name of Meeting: _____	
Date & Time: _____	
Conference Room: _____	Expected Attendees: _____

Please submit an electronic version of this form to acpservices@aip.org after you receive confirmation of your reservation

Conference Rooms B & C

Conference Room B (Seats 21) Conference Room C (Seats 21) Perimeter Seating _____

Conference Room A

Theatre Style (Seats 125, all tables removed) Classroom Style (Seats 75) U-Shape (Seats 35)
 Birthday Bash (Seats 80) Lunch Room (Seats 80 Buffet, 90 Plated) Hollow Square (Seats 40)
 Perimeter Seating _____

To divide Conference Room A contact Office Services (x 3105)

Food and Beverage






Caterer Name / Phone Number _____ Arrival Time _____
 (Orders are to be placed by meeting planner)

Sodas/Bottled Water Coffee service Coffee service (Keurig) Cutlery/Paper Products
 Water/Candy Table _____ Countertop _____ Pitchers/Beverage Dispenser _____

Meeting Room/Rotunda Request

Flipchart/Markers _____ Remove Sofas/Replace with Tables _____

Equipment Request

Conference Phone Hand Held Microphone  Lapel Microphone 
 Printer Laptop (Maximum 2) Podium
 Power Strips  Quantity _____ Power Center  Quantity _____ Laser Presenter 
 55" LCD Screen and DVD Player
 Do you require a technician to be present? Time _____
 Special Requests _____

It is required that you contact the IT Department at (x 3120) 30 minutes prior to your meeting for assistance with setup

Other

Badges (Lobby) Tent Cards (Meeting Room or Lobby) Taxi Services Van Services
 Hotel: _____ Time: _____

Please provide an attendee list 3 days in advance of your meeting

Additional Requests: _____

Print Name: _____ **Signature:** _____ **Date:** _____