

Conference Room GB Classroom Style

Event Date/Time: _____

Event Title: _____

Contact Name: _____

Contact #: _____

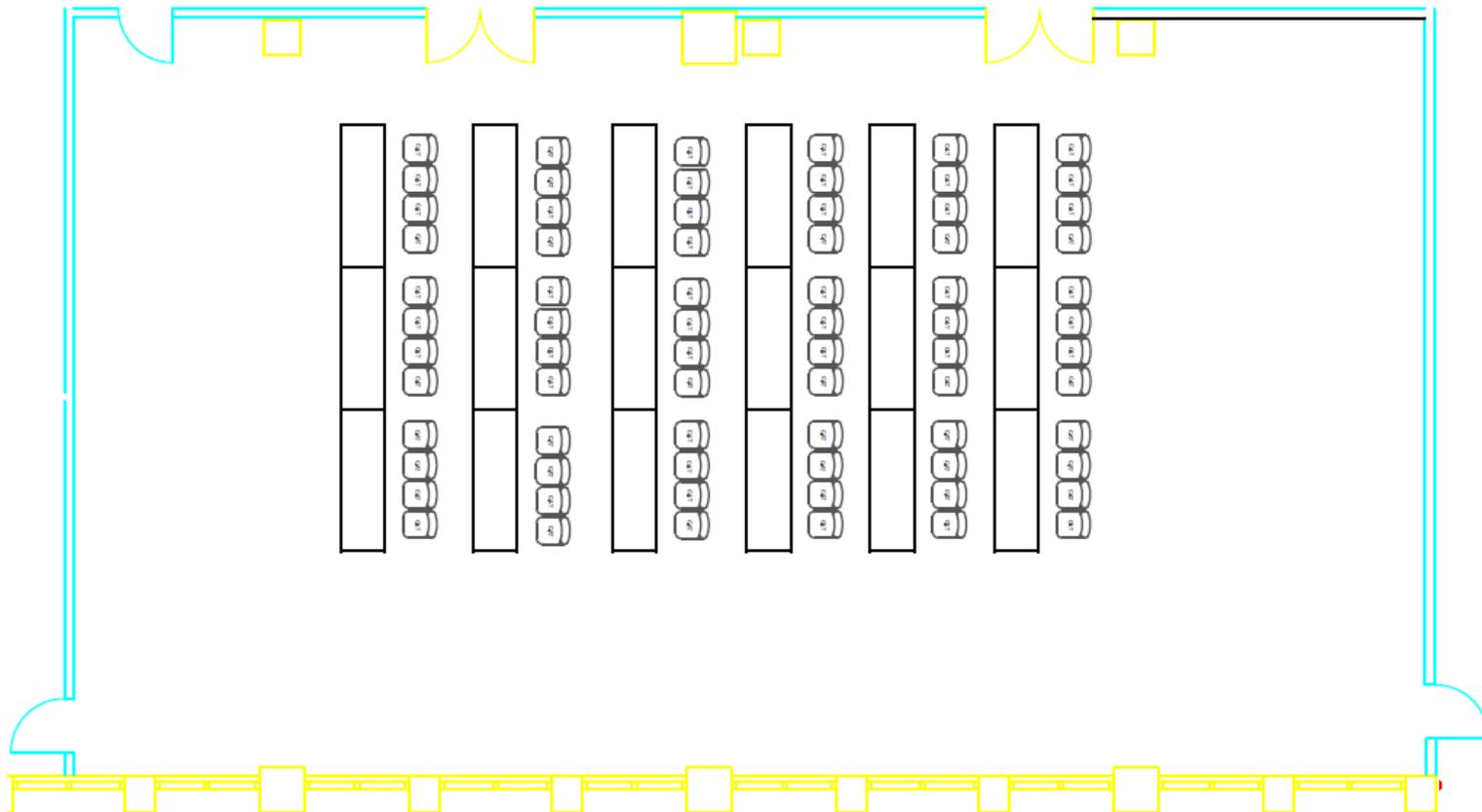
of participants: _____

#Rows/#Chairs per row: _____

Optional front/back tables: _____

East or West Facing? _____

Capacity:
120



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N