



Shady Maple Conference Center Meeting/Seminar Reservation Form

Date of Reservation: _____

Event/Company Name: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Billing Address: _____

Approx. Count: _____

Earliest Set-up Arrival Time: _____

Attendee Arrival Time: _____

Sessions Scheduled For: _____

Meeting Snack Breaks: AM _____ PM _____

Meal Time (s): _____

Latest Departure Time: _____

Snack/M meal Options:

- | | | |
|---|--|---|
| <input type="checkbox"/> Coffee | <input type="checkbox"/> Milk | <input type="checkbox"/> Chocolate Milk |
| <input type="checkbox"/> Soda | <input type="checkbox"/> Breakfast Juice | |
| <input type="checkbox"/> Donuts | <input type="checkbox"/> Pastries | |
| <input type="checkbox"/> Continental Breakfast | <input type="checkbox"/> Meeting Break Snacks | |
| <input type="checkbox"/> Banquet Dinner Buffet | <input type="checkbox"/> Banquet Luncheon Buffet | |
| <input type="checkbox"/> Breakfast In Smorgasbord | <input type="checkbox"/> Lunch In Smorgasbord | |

Room Set-up Needs

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Chevron Style Seating | <input type="checkbox"/> Round Tables | <input type="checkbox"/> Easel | <input type="checkbox"/> CD Player |
| <input type="checkbox"/> Theater Style Seating | <input type="checkbox"/> Long Tables | <input type="checkbox"/> DVD Player | <input type="checkbox"/> Flip Chart & Markers |
| <input type="checkbox"/> Classroom Style Seating | | <input type="checkbox"/> Raised Platform | |

Registration Table(s) _____

Chairs at Reg. Table _____

Display Table(s) _____

Wireless Mic _____ Lapel Mic _____

A V Cart _____ Podium _____

Digital Projection—Screens _____

Own Projector with 1 of our screens _____

Notes: _____

*** Please return information to Fax # 717-355-0184 or Email to banquet@shady-maple.com**