



District Education Center Board Room Setup Requirements

Please submit Board Room Setup form at least 48 hours prior to date of meeting. We understand special needs may occur without warning. Maintenance and Operation Secretary will review your request to ensure set-up is scheduled.

Date Submitted: _____ Name: _____

Meeting Date: _____ Meeting Time: _____ Number of attendees: _____

Office Extension: _____ Other phone number: _____

SELECT SETUP AND NUMBER OF CHAIRS:

LARGE SQUARE Number of Chairs: _____
Maximum 36

SMALL SQUARE Number of Chairs: _____
Maximum 20

U SHAPE  Number of Chairs: _____
Maximum 30

U SHAPE TABLE FRONT Number of Chairs: _____
Maximum 30 

MANAGEMENT TEAM Number of Chairs: _____
11 Tables and 40 Chairs

THEATER CHAIRS ONLY Number of Chairs: _____
Maximum 70

Which direction should chairs face: Main Screen: _____ Side Screen: _____

Do you need tables for food service: YES ___ NO ___ If yes how many: _____ (max 3)

Special Setups: (draw/describe your special setup needs below in the space provided):

Contact ISET Help Desk ext. 1982 for Technology requirements