



Administration Building Meeting Room Request

Email: adminconference@tulaliptribes-nsn.gov

Employee Name: _____ Employee Department: _____

Phone #: _____ Work Cell: _____

Meeting Name: _____

Date Requested _____

Consecutive Dates (only if same time frame/room requirements) _____

Conference Room: Tables, Chairs, Phone

Training Room: Phone, Smart Board, Computer, Projector

2nd Floor 242 ____ (4 persons)

1st Floor 162 ____ (up to 100 persons)

243 ____ (4 persons)

2nd Floor 263 ____ (up to 16 persons)

254 ____ (8 persons) w/Drop-Down Screen

264 ____ (up to 16 persons)

262 ____ (10 persons) w/TV Monitor

Note: Any additional equipment necessary (including Tables or Chairs) for your meeting, please contact a CSR. Don't remove equipment from other Training / Conference rooms

Please notify us 24hrs. for any cancellations

Set Up Time: _____ Meeting Time: _____ to _____ Clean Up Time: _____

Coffee: _____ Tea: _____ (24 hour advance notice)

Please note: The following Responsibilities are with the person booking the room

- Set up – any changes that need to be made for your meeting
- Re-set Up – room needs to be placed back to original set up
- Cleaning of room (cleaning supplies will be provided)
- Any damage to TTT Gov. equipment needs to be reported immediately
- Removal of all material

Additional Notes: