Rev. 8/2021



## Robert D. Buchanan '44 Alumni House Room Reservation Form

Title of Meeting:		
Function Date:	Day of Week:	Number Attending:
Setup Arrival Time:	Function Start Time:	Est. End Time:
Contact Person:	Contact Phone #:	
Dept./Organization:	Email	
Invoicing Details:		
Name:	Email:	
Address:		
Phone #:		
		rsity Catering. Contact them at (207) 581-4718. his a drop-off delivery order? [] YES [] NO
Usage Fee: \$event. If you have other service	(This fee covers the use of Bucha ces, you will be billed seperately by that en	nan Alumni House only, and is due in full prior to the ntity) I agree to this fee. Please initial here
Please check room(s) b	eing reserved:	
Features: LCD Projector and scr	om — MAIN LEVEL: (Appropriate for sit-creen, data jack, microphones, baby grand piar MUM CAPACITY: 120 FOR SEATED DI	,
[] Allain Library/Museum —	- MAIN LEVEL: (Conference table/chairs, t	telephone) CAPACITY: 12-16
_	— MAIN LEVEL: (Microphones/PA system	
[ ] Foster Boardroom — UPP.	ER LEVEL: (Conference table / chairs, TV,	screen, whiteboard, telephone)CAPACITY: 12-14
[ ] Class of '43 Music Parlor -	— MAIN LEVEL: (Conference table / chair	s, screen, telephone.) CAPACITY: 8
[ ] Treat Family Room — MAIN LEVEL: (Conference table / chairs, Microphone/PA system) CAPACITY: 8 FOR CONFERENCE TABLE, 25 FOR RECEPTION.		
[ ] Grand Reception Area — I	MAIN LEVEL: (Microphones/PA system) N	NO PRIVACY DOORS/Public Area.
[] Treat Grand Foyer/Rotund	da — MAIN LEVEL: (Microphones/PA sys	stem) NO PRIVACY DOORS/Public Area.
[ ] Entire Main Level — MAI	N LEVEL: (Microphones/PA system) CAPA	ACITY: Varied based on use
[ ] <b>Other</b> — PLEASE SPECIF	Y:	