



FOODSERVICE TECHNOLOGY CENTER – MEETING ROOM REQUEST FORM

Please complete all sections of the form. Areas marked with an * are required.

Prefix: _____ First Name*: _____ Last Name*: _____

Company Name/School Name*: _____

Address 1*: _____

Address 2: _____

City*: _____ State*: _____ Zip Code*: _____

Contact Phone*: _____ Ext.: _____

Email Address*: _____

Number of People in Your Party*: _____

Special Needs: _____

Please list 3 possible dates and times in order of preference. Please note that the Foodservice Technology Center is open Monday – Friday from 8:00 a.m. – 5:00p.m.

Date 1: _____ Expected Arrival Time: _____

Date 1: _____ Expected Arrival Time: _____

Date 1: _____ Expected Arrival Time: _____

Do you plan to arrive by: Private Car(s) Chartered Bus Public Transportation

Special Notes: (Comments, Questions, Areas of Interest) _____

Please click the SUBMIT button to email your request to eeciftc@sce.com.

SUBMIT