  
Conference Center Request Form

Please email completed form to [cynthia.brown@spxflow.com](mailto:cynthia.brown@spxflow.com) or [13320@spxflow.com](mailto:13320@spxflow.com)

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| General Information | | | | | | | | | | | | | | | |
| Event Name | | | Click here to enter name of the event. | | | | | | | | | | | | |
| Event Purpose | | | Click here to enter the purpose of the meeting. | | | | | | | | | | | | |
| Organizer’s Name | | | Click here to enter name of organizer. | | | | | | | | | | | | |
| Organizer’s Office Number | | | Click to add # | | Mobile | | | | | Click to add # | Email | | | Click here to add email | |
| Number of Attendees | | | Click here to add number of attendees. | | | | | | | | | | | | |
| Start Date | | | Click to add start date. | | Time | | | | Click to add start time. | | | | | | |
| End Date | | | Click to add end date. | | Time | | | | Click to add end time. | | | | | | |
| Additional Notes Click here to add additional notes | | | | | | | | | | | | | | | |
| Room Information  (Room locations can be found at Conf Center Quick Links) | | | | | | | | | | | | | | | |
| Auditorium | 1056 | | | 1062 | | | | 1072 | | | | 1076 | | | 1078 |
| Room 1072 & 1076 (Removal of Divisible Wall.) | | | | | | | I need assistance in determining a room to reserve | | | | | | | | |
| Room Configuration  (Formats can be found at Conf Center Quick Links) | | | | | | | | | | | | | | | |
| Pods | | Conference Room | | | | Classroom Style | | | | | | | U Shape | | |
| I need assistance in determining the room configuration. | | | | | | | | | | | | | | | |
| A/V Requirements | | | | | | | | | | | | | | | |
| Each conference center room includes state-of-the-art Audio/Visual components. For assistance with your meetings on the first floor, please contact our AV Technician, Chris Bond, at [Chris.Bond@spxflow.com](mailto:Chris.Bond@spxflow.com). We encourage you to set-up your meeting 30-minutes in advance. Auditorium A/V Support will be facilitated via the SPX FLOW Facility Team, with five (5) business days advanced notice. | | | | | | | | | | | | | | | |
| Guest Wireless Access (TENANT ONLY) | | | | | | | | | | | | | | | |
| If your meeting requires your guests to have Internet access:  For SPX FLOW Network: facility-guest  For DentsplySirona Network please contact organizer of the event | | | | | | | | | | | | | | | |
| Catering | | | | | | | | | | | | | | | |
| Yes, Food/Beverage will be served.  No, Food/Beverage will not be served. | | | | | | | | | | | | | | | |
| Conference Center Policy Acknowledgement | | | | | | | | | | | | | | | |
| I have read and agree to abide by the SPX FLOW, Inc. Conference Center Policy.  I understand that this submission is only a REQUEST and that a formal approval will be sent back to me within 48 hours.  I understand that by submitting this Conference Room Request Form charges will apply and my company will be billed accordingly. | | | | | | | | | | | | | | | |

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| SPX Facility Operations Internal Use Only | | |
| Approved  Denied | Notes: Facility Team Notes | |
| Approved By: SPX Facility Operations Approval | | Date Approved: Click here to enter a date. |