



Woodruff Conference Center Request Form

Company Name: _____

Billing Address: _____

Your Name: _____ Title: _____

Phone: _____ Email: _____

Requested Date(s): _____

Expected Number of Participants: _____

Room Setup, check one: Classroom Style (50 max); Theater Style (70 max).
 Board Room Style (20 max).

Rate: Negotiable

AV Requirements: None Audio Conferencing Webinar
(Check all that apply) Web Conferencing Power Point Other

Details (Please give a brief description of your meeting):

Catering Services: Yes No It is your responsibility to place the detailed order and arrange for delivery or pickup and full payment. You will be given access to our kitchen area to help distribute, but any use of our kitchen appliances, silverware, glassware, etc. is prohibited. You are responsible for all your own dietary needs. TLS will take care of trash removal. We have an agreement with Maggie's on the River who is located next door as our caterer of choice.

Who are you using for catering services? _____

Please provide proof of adding TLS for day of event on your company's insurance and include a copy of such proof with this application.

Email completed form to Mary Sanford at msanford@tlsnny.com or fax (315) 785-8628.