

Texas Ranger Public Safety Education Center Setup

Event Date:
Event Time:

Organization:
Type of Event:

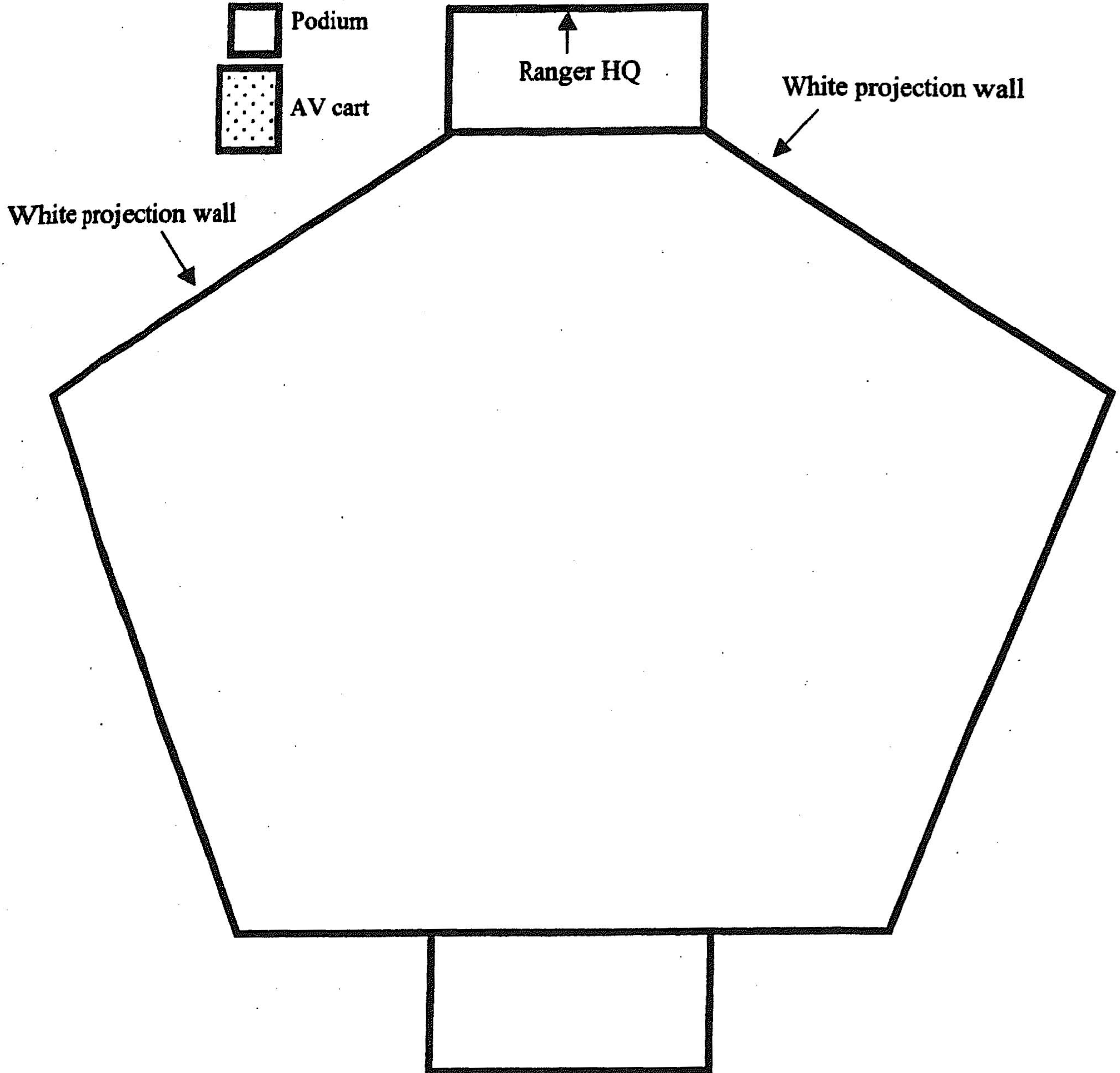
Contact:
Phone No:

 Tables

 Chairs

 Podium

 AV cart



Event Details:

___ # of estimated attendees

Y or N need AV cart

Y or N need white erase board

Other information:

___ # of tables requested

Y or N need podium

___ # of chairs requested

Y or N need wireless mic