



Hillsborough County Bar Association
1610 North Tampa Street
Tampa, FL 33602
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Chester H. Ferguson Law Center Event Form

1. Name of Event: _____
 2. Date of Event: _____ Time of Event: (start) _____ (end) _____
 3. Organization Name: _____
 4. Contact Person: _____ Title: _____
Address: _____
Phone: _____ Fax: _____ Email: _____
 5. Please check room/rooms requested:
Cohen Hall _____ Yerrid Conference Center _____ Wagner Lounge _____ Kerr Lobby _____
Smith Boardroom _____ Gillen Mediation Room _____ Trenam/Kemker Conf. Rm. _____
Stiles Conf. Room _____ Conf. Rm. C _____
Please select setup or describe how you would like room arranged (Cohen & Yerrid rooms only all others are
conference style): Classroom _____ Theatre _____ U-Shape _____ Round Tables _____
Other (please describe) _____

 6. How many people do you expect to attend? _____
 7. Please give a brief description of your event, business meeting, mediation, seminar: _____

 8. Will you need registration tables? Yes _____ No _____
Please list any other special requests you may have _____

 9. Audio Visual (included in room rental): Flip Charts _____ Laptop _____ Screen _____
Overhead Projector _____ DVD Player _____ Podium & Microphone _____
Other _____
Other AV Provider: Name _____ Phone _____
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