

Room Reservation Request

Name: _____ Date of Request: _____

e-mail address: _____ Phone: _____

Type of Event (circle one): Meeting Workshop Orientation
Training Other (specify) _____

Name of Event/Meeting/Workshop: _____

Date of Event: _____ Time of Event: _____ to _____

Name of Workshop Facilitator/Meeting Organizer: _____

Type of Room Needed (circle one): Multi-Purpose Room Conference Room

Approximate # of Attendees: _____

AV Equipment Needs (circle one) Yes No Specify: _____

*Please note that room reservations will be scheduled on first-come, first-serve basis.
No Food or Drink is permitted in the Multi-Purpose Rooms and Conference Rooms.*

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Staff Use Only:

Event Approved

Event Not Approved

Event Approved for Room #: _____

Approved By: _____

cc: Front Desk

Security

File

Other _____