Event Request Form/Room Reservation Form

Name of Requestor: _____

Date Request Submitted: _____

Name of Group/Association/Organization: _____

# of Attendees Expected: _____

Type of Room Requested: _____ Conference Room/_____Lecture Room/_____Other

Specific Room Requested: _____ (Example: Room 101)

Date of the meeting or event: _____

Time of the meeting or event: _____

Will there be any attendees not associated with the College of Medicine who will need access to the building? Yes _____ No_____

Does this event include food? Yes_____ No_____ (Please respond even if bringing food in from the outside.)

Do you have any special needs?

_____Education Technology Assistance (Presentations, Microphones, etc.)

_____Information Technology Assistance

_____Security/Parking Passes/Access to the Building

_____Tables/Table Cloths

_____Other (Please explain.)_____

_____

_____

For Office Use Only:
Approved_____/Denied_____
Date_____
R25 Submitted_____
EMT Informed_____
ET/IT/Facilities Contacted_____