Room Reservation Request*

Return completed form to room 130 – Kristy White

Who (Your Name)	Today's Date://
Contact: Telephone:	Fax:
Email:	
What: (Name of Event):	
(Guest Speaker (s)):	
When (Date and Start and End time):	
Size (Number of Seats Needed):	
Room Preference (No guarantee of availabili	ty): Auditorium Courtroom
Classroom(s)	Formal Lounge Other
Have you requested food or drink to be serv	ved? Yes □ No □
If yes, please describe:	
Technology Support Requested: Yes □	No 🗌
If yes, please describe:	
Approval/Coordination (required):	, Dir. Of Facilities and Technology, Tom Furby
*School of Law and Faculty sponsored events purposes only. No approval is required.	use this form for information and scheduling
Notes:	