Department of Chemistry and Biochemistry
Room Reservation Request Form

Request must be made at least four (4) business days in advance

Name: ____________________________       Date: ______________

Group/Department: ______________________       Phone: ______________

Is this reservation for an outside Department/Group?  □ Yes  □ No

Email: ________________________________

Day & Date You Need a Room: ________________________________

Time Needed? From: __________       To: __________

Approximate Number of People: ________________

Name of Meeting: ________________________________

Conference Room/Class Room Preference: ________________________________

Will food be served?  □ Yes  □ No
(All food and beverage trash must be carried out to the dumpster behind the A&S Science Stockroom loading dock.)

Note: You are responsible for cleaning up and resetting the room when you are finished.

________________________________________        ______________
Signature of person responsible for cleanup       Date

Please fill out form and put it in the Receptionist Inbox in Room 113

Confirmation: ____________________________       Date: ______________

07/16/2015