



Room Reservation Form

Faculty and Staff Only

Date Submitted: _____

Please note that the more advance notice you provide for the meeting, the easier it will be to accommodate your request. If the room you request is not available, we will try to find an alternative room.

Please print clearly and legibly - All fields must be completed

Date Room Needed: _____

Reservation Time: Start: _____ End: _____

Requestor Name: _____

Contact Name: _____ Extension: _____

Meeting Title: _____ Number of attendees: _____

Please Select One (1):

- | | |
|--|--|
| <input type="checkbox"/> Faculty Conference Room | <input type="checkbox"/> Classroom 1 |
| <input type="checkbox"/> Student Affairs Conference Room | <input type="checkbox"/> Classroom 2 |
| <input type="checkbox"/> Bull Pen | <input type="checkbox"/> Classroom 3 |
| <input type="checkbox"/> OMM Lab | <input type="checkbox"/> Classroom 4 |
| <input type="checkbox"/> OSCE Lab | <input type="checkbox"/> Study Room #313 |
| <input type="checkbox"/> IDL Lab | <input type="checkbox"/> Study Room #313A |
| <input type="checkbox"/> Lecture Hall 1 | <input type="checkbox"/> Study Room 426 |
| <input type="checkbox"/> Lecture Hall 2 | <input type="checkbox"/> Study Room 426A |
| <input type="checkbox"/> PA Lecture Hall 3 | <input type="checkbox"/> Nursing Doctoral Study Room |
| <input type="checkbox"/> PA Classroom | <input type="checkbox"/> Sonography Lab Room 606 |
| <input type="checkbox"/> Gym | |

Special Needs/Notes: Indicate needs for OMM Tables, AV Equipment, computer set-up, etc below:

For Office Use Only

Conflict: _____ Alternative: _____

Date Received: _____ Date Processed: _____