

# Room Reservation Request Form

Date: \_\_\_\_\_

## Contact Information

Name and Position: \_\_\_\_\_

Email: \_\_\_\_\_

## Reservation Information

Advisor/Professor: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Date needed: \_\_\_\_\_

Time frame needed (include total duration): \_\_\_\_\_ (\_\_\_\_\_ mins/hrs)

Number of people attending: \_\_\_\_\_

Room Preference (1: top choice, 6: bottom choice):

\_\_\_\_\_ HHN 200 (seats up to 6)

\_\_\_\_\_ HHN 300 (seats up to 6)

\_\_\_\_\_ HHN 400 (seats up to 6)

\_\_\_\_\_ HHN 402 (seats up to 10)

\_\_\_\_\_ DAV 283 (seats up to 2)

\_\_\_\_\_ DAV 225 (seats up to 4)

\_\_\_\_\_ DAV 480E (seats up to 2)

Please return this form to Susan Saxe in the chemistry main office in 480 Davidson,

Please allow for one (1) business day for the request to be scheduled on our calendar. You will receive an email confirmation when it has been scheduled.