

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 25)

_____ HHN 400 (seats up to 25)

_____ HHN 402 (seats up to 45)

_____ DAV 283 (seats up to 8–10)

_____ DAV 225 (seats up to 18)

_____ DAV 480E (seats up to 6)

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.