

Facility Manager Glen Fuqua

glenwoodf@bellsouth.net
CONTACT INFORMATION:
Name:
Email (required):
Phone (required):
Club/Department:
Event Organizer:
EVENT INFORMATION:
Event Title:
Event Day & Date:
Event Start Time:
Event End Time:
Anticipated Attendence:
Type of Event:
☐ Meeting ☐ Workshop/Training
Lecture/Speaker Social
Ceremony Other
VENUE INFORMATION:
Class Room 1
Class Room 2
Class Room 3
Class Room 4
Sanctuary
AV / MEDIA INFORMATION:
TV
Screen Overheard Projector
Slide Projector LCD Projector
Podium Technology Cart (Smart Cart)

## **ROOM RESERVATION FORM**

COMMENTS:    Comments   Comment
(A) Square (B) U-Shaped (C) Conference (D) Rounds (E) Classroom (F) Lecture/ Theatre (G) Other (Please print form and draw a diagram, including all equipment needed, location of main entrance door, and other distinguishing features.)  COMMENTS:  Please list any special equipment or instructions that are needed to help make your event successful.
(D) Rounds (E) Classroom (F) Lecture/ Theatre  (G) Other  (Please print form and draw a diagram, including all equipment needed, location of main entrance door, and other distinguishing features.)  COMMENTS:  Please list any special equipment or instructions that are needed to help make your event successful.
Theatre  (G) Other  (Please print form and draw a diagram, including all equipment needed, location of main entrance door, and other distinguishing features.)  COMMENTS:  Please list any special equipment or instructions that are needed to help make your event successful.
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