

ROOM RESERVATION REQUEST

REQUESTOR INFORMATION

ORGANIZATION/CLUB NAME _____

REQUESTOR'S NAME _____

EMAIL ADDRESS _____

PHONE NUMBER _____

EVENT INFORMATION

EVENT NAME _____

EVENT DATE _____ EVENT START _____ EVENT END _____

EXPECTED ATTENDANCE _____ ROOM PREFERENCE _____

SETUP INFORMATION

STYLE OF SETUP: AS-IS CLASSROOM LECTURE BANQUET CONFERENCE

AUDIO/VISUAL: ACCESS TO TECHNOLOGY/PROJECTOR MICROPHONE (TYPE: _____) INTERNET

***FAU REQUIRES PARKING PASSES FOR ALL INDIVIDUALS ON CAMPUS**

PARKING PASSES MAY BE REQUESTED AT: http://www.fau.edu/parking/vis_form.php

OTHER INFORMATION

FOOD WILL BE SERVED AMPLIFIED SOUND DONATION COLLECTED / REGISTRATION FEE CHARGED

ALCOHOL SERVED OUTDOOR ACTIVITIES TAKING PLACE

WOULD YOU LIKE THIS EVENT TO SHOW ON THE UNIVERSITY'S MASTER CALENDAR OF EVENTS?

YES NO

FAX OR EMAIL COMPLETED FORM TO:

Davie

Jane Morgan

Fax: 954-236-1283

Email: jmorgan@fau.edu

Ft. Lauderdale

Charlotte Walker

Fax: 954-762-5288

Email: cwalker@fau.edu

Dania Beach

Denise Haberly

Fax: 954-924-7270

Email: dhaberly@fau.edu

ADMINISTRATIVE USE

DATE RECEIVED _____ ROOM ASSIGNED _____

CAMPUS APPROVAL _____

STUDENT APPROVAL _____

GROUP TYPE _____

FEES: A/V _____ ROOM _____ PARKING _____ TOTAL _____

FORMS: Certificate of Liability & Facilities Use Agreement Approved?

YES NO DATE RECEIVED IN ADMIN OFFICE _____ DATE APPROVED _____

Jane Morgan
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