

ROOM RESERVATION REQUEST

****Please submit all requests at least 10 days in advance to ensure accurate and timely accommodations****
Fees will be assessed after receipt of this request

DATE REQUESTED _____

NAME OF COLLEGE/DEPARTMENT _____

CONTACT PERSON _____ PHONE _____ FAX _____

ORGANIZATION NAME & ADDRESS _____ E-MAIL _____

NAME OF FUNCTION _____

DAY(S)/DATE(S) _____

TIME(S): FROM _____ TO _____

ROOM PREFERENCE _____ EXPECTED ATTENDANCE _____

ROOM SET-UP _____

- ✚ Will you need **AUDIO/VISUAL**? _____ Podium/Microphone _____ Mobile Cart w/ Projector _____ Other _____
- ✚ Will you need a **ROOM CHANGE/SET UP**? _____ **(Set up instructions and/ or special requests must be attached)**
- ✚ Will there be **FOOD** at the event? _____

***MUST INCLUDE EXACT SETUP AND BREAKDOWN TIMES**

NORMAL OPERATING HOURS ARE:
 MONDAY - FRIDAY 8:00 AM - 5:00 PM
 EVENING, SATURDAY, SUNDAY - SPECIAL REQUEST

FOR ROOM RESERVATIONS CONTACT:
 KATHY HALLETT PH: 954-236-1282 EMAIL: khallett@fau.edu
 JOELLE HUTCHINGS PH: 954-236-1280 EMAIL: jhutchi8@fau.edu

PARKING PASSES CAN BE REQUESTED THROUGH : http://www.fau.edu/parking/vis_form.php

**REQUESTS FOR Audio Visual, ROOM SET UP, OR PARKING PASSES
 MUST BE MADE 7 DAYS IN ADVANCE**

FAU REQUIRES PARKING PASSES FOR ALL VISITORS

Fees May apply for Parking Passes, Audio Visual equipment rental and/or service, and room use.

FAX COMPLETED FORM TO 954-236-1283 OR EMAIL

ROOM ASSIGNED: _____ APPROVED BY: _____ SCHEDULE _____ *For office use only*

FEES: AV _____ SECURITY _____ ROOM RENTAL _____ PARKING _____ TOTAL _____

STUDENT ACTIVITIES APPROVAL _____