



Library Room Reservation Form

Name: _____

Department: _____

Title: _____

Email: _____

Phone: _____

Room Requested: Conference Room Lecturer Room Collaboration Space

Dates Needed: Monday Tuesday Wednesday Thursday Friday

Reservation Date: _____ Start Time: _____ End Time: _____

No. of Attendees: _____

Description:

Terms and conditions

- No Food Allowed
- No Drinks Allowed. (exception: water)

Signature

Date

Librarian

Date