



LIBRARY ROOM RESERVATION **FORM** # _____



Name : _____ **Title** : _____

Department : _____ **Phone** : _____

Email : _____



Room Request : Lecturer Room Collaboration Space Conference Room

Date Needed : Monday Tuesday Wednesday Thursday Friday

Reservation Date : _____ **No. of Attendees** : _____

Start Time : _____ **End Time** : _____

Descriptions : _____



TERMS & CONDITIONS

- No food allowed
- No drinks allowed (except water)

Signature

Date

Librarian

Date





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