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 ________________
LIBRARY ROOM RESERVATION FORM # ___

Name: ____________________ Title: ____________________

Department: ____________________ Phone: ____________________

Email: ____________________________________________

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Librarian _______________ Date _______________