

# Room Reservation Request

Today's Date: \_\_\_\_\_

Requestor's Name & E-mail Address: \_\_\_\_\_

Club or Class sponsoring meeting/event: \_\_\_\_\_

Name or Type of Event: \_\_\_\_\_

## Request Preferences:

Dates and times requested: (in order of preference - if the first choice is unavailable, the second choice will be requested and so on; please list a start time and end time)

### DATES Requested

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

### TIMES Requested

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Room/Location Requested: (in order of preference – if the first choice is unavailable, the second choice will be requested and so on)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If this request is for a series of meetings please indicate that in the COMMENTS section above. If any type of set-up is required (tables, chairs, AV equipment) note that in the COMMENTS section above. PLEASE PLACE REQUEST IN APPROPRIATE BIN LABELED "ROOM RESERVATION REQUESTS ONLY" IN KAREN'S OFFICE (ROOM 217). You will be notified via e-mail if your request has been confirmed or denied. If this form is not completed appropriately, processing of your request will be delayed.

Please make all requests at least 72 hours in advance & complete form in its entirety

Please e-mail any scheduling related inquiries to [somscheduling@umdnj.edu](mailto:somscheduling@umdnj.edu).