Room Reservation Request

Please print and complete the following form and return it to Patrice Tonnis in the Faculty Support Center West (Frazee).

| * = Required | |
|-----------------------------|--|
| *Event day: | For multi-day or recurring events, mark the first day/date in the form and provide additional details in the Comment space below. |
| *Event date: | / / (mm/dd/yy) |
| *Start time: | |
| *End time: | |
| *Number of attendees: | |
| *Person making request: | |
| *Department: | ✓ |
| *Extension: | |
| *E-mail: | |
| *Event name/purpose of use: | |
| *Preferred building & room: | |
| Comments: | |