

RESERVATION DATE _____

TODAY'S DATE _____

PERSON REQUESTING SPACE _____

SIUE EMAIL ADDRESS _____ @siue.edu

Cougar ID # _____

PHONE _____

START TIME _____

END TIME _____

PREFERRED ROOM _____

NUMBER OF ATTENDEES _____

PURPOSE OF MEETING:

- | | |
|---|--|
| <input type="checkbox"/> Practice Group Presentation | <input type="checkbox"/> Class Breakout Sessions (Faculty Only) |
| <input type="checkbox"/> Practice Individual Presentation | <input type="checkbox"/> Career Development Center |
| <input type="checkbox"/> Group Study | <input type="checkbox"/> Executive-In-Residence |
| <input type="checkbox"/> Individual Study | <input type="checkbox"/> Other: |

EQUIPMENT CHECK OUT

- YES NO LAPTOP
- YES NO ROOM KIT (Includes AV CORDS AND REMOTE CONTROL)
- YES NO _____

SPECIAL NEEDS/ACCOMODATIONS _____

I have read and agree to abide by CRBC and University regulations governing use of space.

Applicant _____
(Applicant Signature)

For Office Use Only

Approved by _____ Date _____ EMS Reference # _____
(CBRC Staff Initials)