UC ROOM RESERVATION REQUEST FORM

Room Requested:		
Date:		
Times:		
Event Name:		
Number Expected:		
Contact:		
NAME:		
EMAIL:		
PHONE:		
microphone, conference speaked Laptop Check requested assistance: Room setup – chairs and table Refreshment Table Food Purchase – If yes, put nate of the proof of the proo	ence response kit erphone, etc. e configuration (ame of company	describe in comment section)
Additional Comments:		
Completed form may be emailed	l (<u>hansencevc@</u> ပ	ıcanr.edu).
ADMIN ONLY		
☐ Added to online calendar☐ Confirmation sent	Date: Date:	Initials: Initials: