



## MEETING ROOM REQUEST

### REQUESTOR INFORMATION

Club/Organization Name:	Number of Attendees expected:
Requestor's Name:	Requestor's Role (i.e. President):
Requestor's Phone:	FSW Email:

### MEETING DATE and TIME

1. Indicate the preferred day of the week your Club/Organization would like to hold their regular scheduled meeting(s) and time. (Input a 1 for first preference, 2 for second choice, and 3 for third choice)

MON. \_\_\_\_\_ TUES. \_\_\_\_\_ WED. \_\_\_\_\_ THUR. \_\_\_\_\_ FRI. \_\_\_\_\_

Meeting Start time: \_\_\_\_\_ Meeting Length (i.e. 1 ½ hours): \_\_\_\_\_

2. Indicate the preferred location for your Club/Organization meetings. (We will strive to reserve your first choice, but depending on the semester it may not be available at the specified time and preferred day.)

1<sup>st</sup> Choice: Bldg \_\_\_\_\_ Room# \_\_\_\_\_ 2<sup>nd</sup> Choice: Bldg \_\_\_\_\_ Room# \_\_\_\_\_ 3<sup>rd</sup> Choice: Bldg \_\_\_\_\_ Room# \_\_\_\_\_

3. Indicate the occurrence of your Club/Organization meeting(s).

Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

4. Indicate the date your Club/Organization plans to hold the first official and final meeting for the semester

Date of First Meeting: \_\_\_\_\_ Date of Final Meeting \_\_\_\_\_

5. Would your Club/Organization like your meetings posted on the Portal Events Calendar online? **Y** **N**

If yes, provide draft of message:

### TECHNOLOGY and ROOM SET UP

Room Setup	
Technology Requirements	
Special Requests/Needs	

By inputting your name below you affirm the information is accurate and that all college policies will be followed.

Club/Organization President Name: \_\_\_\_\_ Date: \_\_\_\_\_

Club/Organization Advisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE ONLY

Reserved by:	Date:
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