Room Reservation Form

CHECK THE CALENDAR FIRST

Have you confirmed that the date and time for your event does NOT conflict with another planned event?

Please submit this form at least 5 full business days before your event.

IMPORTANT: If you are requesting a room for an event, you must complete this form in entirety. Omitting information will cause a delay in processing your request.

Organizati Represento Email add Phone nui	ative Nam ress:			
Type of Ev	vent :			
□ Table r	equest for	· Huntington Commons Hallway -	\square Yes \square No Serving food from the table?	
□ Genera	l Body Me	eeting (open to all students)		
□ Member	rs Only M	eeting (open to members only)		
□ Hosting	Guest/Sp	eaker/Reception est/Visitor/Speaker's name)		
	(Guest/Vi	sitor/Speaker's name)		
Date of Event		Event Start Time	Event End Time	
1) 2) 3) 4)				
,			rve a table only, you may stop here.	

Estimated	Attendan	ce: Room# (1 st choi	ce): Room # (2 nd choice)	
	-	the furniture to be arranged?		
Default setting for the room.			U-shape	
☐ Theater style (rows of chairs)☐ Classroom Style (rows of tables with chairs)			☐ Conference style (long conference table with chairs)☐ Banquet style (large, round tables with chairs)	
☐ Hollow square			☐ Reception style (few or no tables or chairs) ☐ Special set-up instructions, if any:	
□Yes	□No	· ·	rving food at this meeting or event? room utside the room (will need tables & trash cans)	
□Yes	□No	Are you arranging for food Food vendor's name	delivery to the law school for your event?	
□Yes □Yes □Yes	□No □No □No	Do you need any parking spaces reserved? How many? Do you want your event to be recorded? (Two weeks' notice required.)		

Web Calendar Information: