CESC Reservation Form

Requestor Name:		
Requestor Phone #:		
Office/Department:		
Requested Date(s):		
Meeting Title:		
Meeting Start Time:	Meeting End Time:	
# of Participants:		
Internal or External Staff Meeting:		
Requested Room:	Room 110	Room 137A
	Room 133	Room 162C
	Room 134	Room 162T
	Auditorium	
Auditorium Layout: *Layouts can be found on the webpage; if customizing, you must submit a diagram		

Special Instructions/Requests:

 $* FORM \, {\rm MUST} \, {\rm BE} \, {\rm COMPLETED} \, {\rm IN} \, {\rm ITS} \, {\rm ENTIRETY} \, {\rm OR} \, {\rm IT} \, {\rm WILL} \, {\rm BE} \, {\rm RETURNED} \, {\rm TO} \, {\rm REQUESTOR} *$