CESC Reservation Form

Requestor Name:		
After Hours Contact: (Name and Phone #)		
Office/Department:		
Requested Date(s): *Specify if meeting is recurring- Ex: Every Tuesday, 1:00-2:00 PM		
Meeting Title:		
Meeting Start Time:	Meeting End Time:	
# of Participants:		
Internal or External Staff Meeting:		
	Room 110	Room 137A
Requested Room:	Audi	torium
Auditorium Layout: *Layouts can be found on the webpage; if customizing, you must submit a diagram		

Special Instructions/Requests:

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

IMPORTANT: Please be sure the room is picked up and returned in the condition you found it. Be sure all trash is placed in the trash bins. Keep in mind, using these rooms at CESC is a privilege.