

ROOM RESERVATION REQUEST

| Name of person applying: | | Date: _ | | |
|--|---------------|------------------|------------|----------|
| Phone and email address of person applying: | | | | |
| Date of application Date of event | | | | |
| Facility requested | | | | |
| Time: From To | Nu | ımber expected _ | | |
| ALL RESERVATIONS MUST BE SUBMITTED AT LEAST 10 DAYS IN ADVANCE | | | | |
| SPONSORING ORGANIZATION | | | | |
| BUDGET OR ACCOUNT NUMBER | | | | |
| TYPE OF FUNCTION: (Please check only one) | ☐ Educational | ☐ Business | ☐ Cultural | ☐ Social |
| PLEASE DESCRIBE EVENT: | | | | |
| NAME AND IDENTIFICATION OF SPEAKER: | | | | |
| REFRESHMENTS REQUESTED (Please specify in detail): | | | | |
| EQUIPMENT REQUESTED (Please specify in detail): | | | | |
| Signature of person submitting applications: Signature of Faculty Advisor (if a student organization) | | | | |

Submit requests to Janice. Charles@liu.edu and Cathy. O'Sullivan@liu.edu or fax to 718-488-3337. For more information, contact 718-488-1079.