

Edward E. Brickell Medical Sciences Library Group Study Rooms Reservation Form

Study rooms seat groups from approximately two to sixteen individuals. Each room is equipped with a VCR and monitor, a projection screen, and multiple network connections.

Date: _____

Instructor/Staff: _____

Email: _____

Department: _____

Phone: _____

(1) DESCRIPTION of group/PURPOSE of group session/s: (please include course name, etc.):

(2) NUMBER of participants/approximate group size/s: _____

(3) Please RESERVE:

- ONE group study room
 MORE THAN ONE group study room _____ (number of rooms)

for the following times and dates:

From (time)	To (time)	On DAY	/ DATE
_____	_____	_____	/ _____
_____	_____	_____	/ _____
_____	_____	_____	/ _____
_____	_____	_____	/ _____

(4) Group session/s supports a class or instruction that is: Credit Non-Credit

(5) Do you need AUDIOVISUAL EQUIPMENT for your group session?

- None
 VCR and Monitor
 Slide projector
 Laptop computer
 Portable data projector (projects your laptop or computer monitor image to a projection screen)
 Overhead projector
 Easel
 Other _____

You are responsible for the condition of the room at the end of occupancy. Do not attach anything to the walls, furniture or equipment; damage will be charged to the individual or department reserving the room.

You will receive a confirmation copy of this request.

Approved by: _____ Date approved: _____

ROOM/S RESERVED: Room # _____ on Floor # _____

Please address any questions regarding this form or our reservation policy to Kerrie Shaw, Public Services Coordinator at 446-5847. We will make every effort to fulfill your request and will contact you if any circumstances arise that will interfere with your reservation.