



ROOM BOOKING FORM

Name of Organiser	
Telephone Contact	
E-Mail Address	
Club / Society	

Meeting Title					
Numbers Attending		Internal Numbers		External Numbers	
Meeting Date		Start Time		End Time	
Additional Dates					
Preferred Campus				Preferred Room	
Specific Room					
Layout Required	<input type="checkbox"/> As is <input type="checkbox"/> Boardroom <input type="checkbox"/> Class <input type="checkbox"/> Theatre <input type="checkbox"/> Casual/Social				
Other Layout					
Equipment Required	<input type="checkbox"/> Flipchart <input type="checkbox"/> Slide Projector <input type="checkbox"/> Laptop <input type="checkbox"/> Whiteboard <input type="checkbox"/> VHS Video Player <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Data Projector				
Other Equipment					
Special Requirements					

OFFICE USE ONLY

Logged by		Date	
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Date confirmed by University Date organiser informed