

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	As is	Boardroom	Class	Theatre	Casual/Social
Other Layout					
Equipment Required	Flipchart		Slide Projector		Laptop
	Whiteboard		VHS Video Player		
	Overhead Projector		Data Projector		
Other Equipment					
Special Requirements					

OFFICE USE ONLY

Logged by		Date	
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Date confirmed by University Date organiser informed