Clark Atlanta University

Room Reservation Form (Completed forms may be submitted via e-mail)

Information						
Name:						
Name of Event or Class:						
Name of Person N	4aking Request	:				
Phone:				E-mail:	E-mail:	
Date of Event:				Time of Event:	Time of Event:	
Estimated number of participants:				Type of Event: (workshop, seminar,	Type of Event: (workshop, seminar, lecture, meeting, etc.)	
Room(s) Requested:						
McPheeters Dennis						
Room	Capacity	Type of Room R		Request Room		
Room 336	(20-25)	Confer	ence room			
Room 337	(30-35)	Confer	ence room			
Room 338	(18-25)	Compu	iter lab			
Room 339	(14)	zoom r	room			
Technology Requested:						
Video Conferencing:			Number of locations to	connect with:	ELMO overhead projector:	
Smart Board:			Dry erase board:		DVD player:	
Laptop computers:	uters: # Needed: Power Point:				Other needs:	
ONLINE LEARNING & CONTINUING EDUCATION Terms and Conditions:						
I have read, understand and agree to the above policy.						

Send completed forms to:

Date:

E-mail: citle@cau.edu

Signed: