

# Classroom / Meeting Room Reservation Form

## Contact Information

Last name \_\_\_\_\_ First name \_\_\_\_\_  
E-mail \_\_\_\_\_ Company name \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_ ZIP code \_\_\_\_\_

## Payment

(specify payment method)

credit card   
check   
invoice

## Meeting information

Event type \_\_\_\_\_ Nr participants \_\_\_\_\_  
Date \_\_\_\_\_ or Range of Dates \_\_\_\_\_  
Are the dates flexible ? Yes  No  Start Time \_\_\_\_\_  
End Time \_\_\_\_\_

Meeting set up style Classroom  ( max. 25 )  
Theatre  ( max. 40 )  
U-shape   
Other (specify) \_\_\_\_\_

Is access to lunchroom required? Yes  No

Do you need coffee/tea ? Yes  No

## Equipment information

Check as appropriate:

VCR  LAN Access  
 DVD  Wireless Internet  
 Overhead  Printer  
 LCD projector  Teleconferencing  
 Smartboard

## Special Arrangements

(write any additional notes here)