Duquesne University
School of Law
Student Room Reservation Form

DATE(S) REQUESTED:
First Choice: _____________________________________________________
Second Choice: ___________________________________________________

ROOM(S) REQUESTED:
First Choice: ___________________________________________________________________
Second Choice: ________________________________

NAME OF EVENT: _______________________________________________________________________

Start time: ___________ □ a.m. □ p.m.    End time: ___________ □ a.m. □ p.m.

Number of Estimated Attendance (REQUIRED):
□ Students ________________________________ □ Staff ________________________________
□ Faculty ________________________________ □ Other (Please specify) ____________________

Audio-visual set-up: Please be sure to contact the AV Technical Assistant in the Library prior to
scheduling your event. (412.396.4617)

Contact Name: _______________________________________________________________________

Department/Organization: _______________________________________________________________________

Department/Organization Address: _______________________________________________________________________

E-mail (PREFERRED): _______________________________________________________________________

Phone: ____________________________________________________________________________ Fax: _______________________________________________________________________

Responsible Person (if different from contact): _______________________________________________________________________

PLEASE NOTE THE FOLLOWING:

• ORGANIZATIONS MUST BE RECOGNIZED OR IN THE PROCESS OF BEING
  RECOGNIZED IN ORDER TO RESERVE A ROOM

• YOU WILL BE CONTACTED VIA E-MAIL OR PHONE WITHIN 1-2 DAYS DEPENDING ON
  THE REQUEST.

Return completed form to:  Ms. Robin Connors, Student Organization Coordinator, Room 303
connorsr@duq.edu, fax: 412.396.1073

Date Received: _________   Approved by: _________   Event#: _________   Classroom Req#: _________