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: __________________________________________________________

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: Beth Bauer, Student Organizations Assistant, Room 305
bauerb3@duq.edu

Date Received: ____________________  Approved by: ____________________
Req#: ____________________  Event#: ____________________  Room ____________________