ScholarSpace Reservation Form

Day and Date of Event __________________________________________________________

Start Time/End Time ________________________________________________________
(If you need extra time to rearrange the room, please add this to your start/end time)

Sponsoring Department(s) __________________________________________________

Contact Name/Phone/Email _________________________________________________

Event Title _______________________________________________________________

Speaker Name/Title (if applicable) ___________________________________________

Attendance Expected* ______________________________________________________

Setup Needed

Tables and chair arrangement ____________ ($25)

Computer _________________ Other Technology _____________________ ($25)

Food and Drink (Y or N)

Your own food ________________ Catering from DOR ________________

Other Notes

*Events in the ScholarSpace are held for 50 (+) attendants/participants