

**LUZERNE INTERMEDIATE UNIT  
ROOM RESERVATION FORM**

*All fields with an \* must be completed.*

\* **Name:** \_\_\_\_\_ \* **Today's Date:** \_\_\_\_\_

\* **Name of Group Meeting:** \_\_\_\_\_

\* **Purpose of Meeting:** \_\_\_\_\_

\* **Date of Meeting:** \_\_\_\_\_

\* **Meeting Start Time:** \_\_\_\_\_ \* **Meeting End Time:** \_\_\_\_\_

\* **Approximate Number of People Attending:** \_\_\_\_\_

\* **Room Preferred:**

Room 112

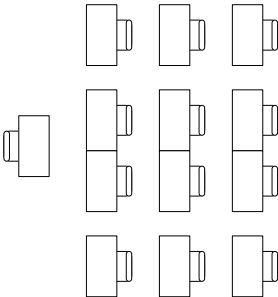
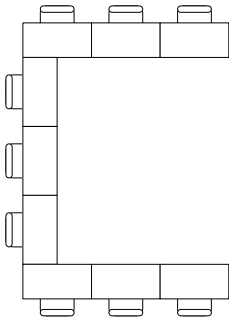
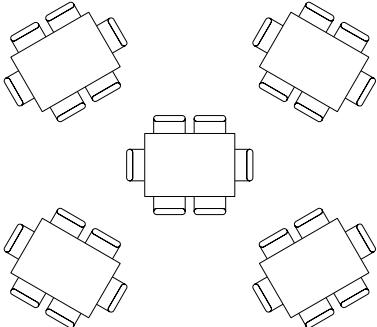
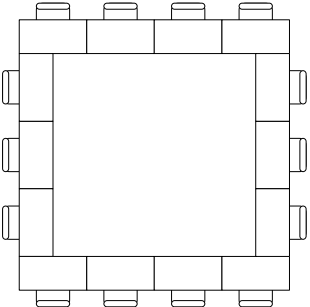
Third Floor Auditorium

Room 218

Computer Lab

Room 311

**Room Configuration:**

<b>Classroom</b>	<b>Board</b>
	
<b>Group</b>	<b>Conference</b>
	

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**Equipment Required:**

Overhead Projector	TV / VCR	Flip Chart
Laptop Computer	LCD Projector	Internet Connection

**Coffee Required:**            Yes            No

**Need for Special Arrangements:**

**Approval:** \_\_\_\_\_  
                  Barbara A. Law

\_\_\_\_\_ **Date**