Room Reservation Request Form

R.I.T SAUNDERS College of BUSINESS

ROOMS RESERVED FOR CURRENT RIT STUDENT GROUPS ONLY

Choice of room/rooms will depend on availability. All rooms have projectors.

48 Hours Notice is requested

Please fill out ALL requested information and use ink

	Today's date:	
Student Group's Name:		
Purpose of Group/Meeting:		
Room #s: 1 st Choice:	2 nd Choice:	3 rd Choice:
	f no preference, check he	re: NY AVAILABLE
Requested Meeting Day(s)/Da	te(s):	
Start Time: End Time: _	Мах. # ехр	ected Attendees:
	Required Contact	Information
Requestor's Name:		
RIT ID#: Grad or U	ndergrad: RI	T Major:
Email:	Phone:	

Please submit completed form to Saunders College of Business Student Services Office.