BATTEN SCHOOL OF COASTAL & MARINE SCIENCES & VIMS
TEACHING LAB OR TECHNOLOGY CLASSROOM REQUEST FOR EVENTS

VIMS | WILLIAM & MARY
VIRGINIA INSTITUTE OF MARINE SCIENCE

VIMS Point of Contact for Room Reservation:

NAME:	EMAIL ADDRESS:	PHONE NUMBER:
CLASSROOM SPACE REQUESTED:		BANNER ID (93#) FOR DOOR CARD SWIPE:

Name of Group or Program Requesting Space: _____

Event Name: _____

Date(s) to Reserve Room: _____

Time(s) to Reserve Room: _____

Sample Form

Type of Group: _____   **Age of Students:** _____   **Number of Participants:** _____

VIMS Personnel Responsible for Supervising Student Group: _____

Rationale for using the classroom:

Complete in DocuSign;

Software needs (if applicable):

Contact Batten School &

Other equipment needs (if applicable): VIMS Registrar for Form

Approvals:

VIMS IT (TECH CLASSROOM ONLY):	SIGNATURE:	DATE:
ACADEMIC AFFAIRS:	SIGNATURE:	DATE:
EMS RESERVATION CONFIRMATION:	COMMENTS:	