

VIMS Point of Contact for Room Reservation:

NAME:	EMAIL ADDRESS:	PHONE NUMBER:
-------	----------------	---------------

Name of Group or Program Requesting Space: _____

Event Name: _____

Date(s) to Reserve Room: _____

Time(s) to Reserve Room: _____

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

VIMS Personnel Responsible for Supervising Student Group: _____

Rationale for using VIMS Technology Classroom: _____

Software needs:

Other equipment needs:

Approvals:

VIMS ITNS:	SIGNATURE:	DATE:
ACADEMIC AFFAIRS:	SIGNATURE:	DATE:
DATE OF EMS RESERVATION:	COMMENTS:	