Room Reservation Request Form

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: 1st Choice: ________ 2nd Choice: ________ 3rd Choice: ________

If no preference, check here: ☐ ANY AVAILABLE

Requested Meeting Day(s)/Date(s): ________________________________

Start Time: ______ End Time: ___________ Max. # expected Attendees: ______

***Required Contact Information***

Requestor’s Name: ___________________________________________________

RIT ID#: _______ Grad or Undergrad: _______ RIT Major: _______

Email: ___________________________ Phone: ____________________________

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