

INTERACTIVE VIDEO/DISTANCE LEARNING ROOM REQUEST

Completion of this form does not guarantee room request approved.

SECTION I

Today's Date: _____ Capacity Required: _____

Department or Organization Requesting Room: _____

Request's Contact Person: _____ Phone: (_____) _____

SECTION II

Date(s) Requested: _____

Day(s) of Week Requested: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

2nd Week Days Requested: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time(s) Requested:

From _____ AM PM To: _____ AM PM OR From _____ AM PM To: _____ AM PM

Purpose of Room Use: Teleconference Testing Workshop Training Meeting Seminar

Other (describe) _____

LOCATION

Springfield: Glass 236 Hill 306 Hill 308 Hill 400 Karls 234 Karls 239 PCOB 125 PCOB 127

West Plains: Lybyer 101 Lybyer 202 Lybyer 213 Melton 102 Melton 216

Other Locations: Joplin Lebanon Mt. Grove Nevada Neosho

Other (describe) _____

If location not listed above, please indicate IP Address or Technical contact: _____

NOTES/COMMENTS: _____

SECTION III (To be completed for non-university organizations)

Parking Requirements: Yes No Number of Vehicles: _____ Need Directions: Yes No Maps: Yes No

Special Requirements: _____

SECTION IV (To be completed by Missouri State Outreach)

Date: _____

Notification regarding request given to: _____

At: (number/address) _____

Via: Phone Mail Personal Contact Email Fax

Request Approved: Date(s): _____ Day(s): _____

Time(s): From _____ AM PM To: _____ AM PM

Request Disapproved:

Requested room already reserved Unable to meet capacity Room use not approved Location not available

Other (describe) _____

Request processed by: _____ Entered: Outlook Calendar Tech Group Notification Confirmation Scheduling Support

Parking Info Invoice Log Invoice Payment Received Other _____