AMERICAN UNIVERSITY OF BEIRUT
OFFICE OF STUDENT AFFAIRS
DEPARTMENT OF STUDENT ACTIVITIES

RESERVATION FORM

Name of Organizer: _____

Type of Activity: _____

Room Requested: □Bathish □ Aud.A □Aud.B
□Room 310 □Aud.C □Common Room

Date(s) of activity: _____

Time: From_____ To_____

No. of guests: AUB: _____ Non-AUB*: _____

Needs:** □ Sound System*** No. of fixed Mics: _____
No. of wireless Mics: _____
Audio taping: _____
□ LCD (please bring your Laptop)
□ DVD
□ Internet connection (Make sure to configure your laptop before the designated date)
□ Tables #:_____ □ Chairs #:_____

Other (Please Specify):_____
Layout: □ Auditorium □ U-shape

Other (Please Specify):_____

Account to be charged: _____ Center: _____

Signature of Dean /Chair/ Director: _____
(For faculties /departments/centers)

Name of Contact Person: _____ ID: _____

Contact No.:_____

Signature: _____ Date: _____

* The faculties / departments concerned shall be responsible for the guests arrangements with the Protection Office
** Organizers should contact the technician on duty 3 hours before the event to check if the room is arranged as requested.
*** Some rooms are not suitable for a sound system. Please check with our technicians for further information.