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

ROOM RESERVATION FORM

Name of Organizer: ___________________________________________

Type of Activity: ___________________________________________

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

Number of staff requested: ____________ Technical services
__________________________ Other services

Date(s) of activity: ___________________________________________

Time of event:  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): _______________________________________

<table>
<thead>
<tr>
<th>Account to be charged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund Class</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PATEO (if available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project</td>
</tr>
</tbody>
</table>

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

Name of Contact Person: ________________ ID: ________________
Contact No.: _________________________
Signature: __________________________ Date: _____________________

* Concerned faculties & departments are responsible to arrange with protection office for guests with PPD for transfer / janitorial services when needed.