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):_____

Account to be charged					
Fund Class	**Fund Source**	**Organization**	**Function**	**Program**	**Activity**

PATEO (if available)			
Project	**Task**	**Award**	**Organization**

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.