

Sign and Fax Back to
(505) 835-5754

Room Requested _____



Room Reservation Application

Today's Date _____ Applicant's Name _____

Group _____ Number of Persons _____

Reservation Date _____ **Day of Week** _____

Reservation Time [FROM] _____ [TO] _____

Individual Responsible _____

Address _____

Phone _____ Fax _____ E-mail _____

Equipment Requested:

- TV / VCR Computer Internet
 Overhead Projector LCD Projector Phone (Rm 212 ONLY - \$5 fee)

The following release must be signed as an individual:

"The undersigned assumes all and exclusive responsibility for the preservation of order and the sole and exclusive liability for and injury of persons, and damage to, or loss of property that may result from this use and for the due observance of all regulations of the New Mexico Tech Library and acknowledges receipt of the room reservation policy."

Signature _____ Date _____

Library Use ONLY

Approved (Y/N) _____ Reason _____

Room Assigned _____ Cost _____ Paid _____

Signature _____ Date _____