

**Booking Form**  
**Library Microcomputer Training Rooms**

**Please provide all information. Missing or incomplete information may result in delays or denial of your application.**

**Contact Person:** \_\_\_\_\_

**User(if different than contact Person):** \_\_\_\_\_

**Name of Activity:** \_\_\_\_\_

**Department sponsoring programs:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Box:** \_\_\_\_\_  
**Number of sessions:** \_\_\_\_\_ **Number if Attendees:** \_\_\_\_\_

**Date(s) and times(s) requested. List in chronological order, include day of week, date, start and end times:**

<b>Date:</b> _____	<b>From:</b> _____	<b>To:</b> _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*PLEASE NOTE: THERE ARE NO ZIP DRIVES ON THE COMPUTER.  
USERS CAN USE USB JUMP DRIVE\***

Computer programs to be used:

Microsoft Office XP	Internet Explorer 6
Acrobat Reader 7.0	Symantec Antivirus Corporate Edition v.10.1.6

Other(need prior approval)

Ancillary equipment/material needed(Circle and designate quantity where applicatable)

Power Strip	Overheard Projector	Slide Projector
Video: VHS or ¾	Whiteboard(provide own markers)	Chalk Erasers

Other needs, to be discussed with a LRC staff member

Contact Person sign off:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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*FOR INTERNAL USE ONLY*  
Room Scheduling \_\_\_\_\_ Date Confirmed: \_\_\_\_\_ Initials: \_\_\_\_\_  
Event#: \_\_\_\_\_  
Software installed: Yes \_\_\_\_\_ No \_\_\_\_\_ Name of software \_\_\_\_\_  
Date of removal of software: \_\_\_\_\_