



## Technology Services Computer Lab Reservation Form

*Return completed form to Technology Service, PRAB, attn: John Gomes*

Date Form Submitted: \_\_\_\_\_

Person Making Request: \_\_\_\_\_

School / Department: \_\_\_\_\_

Phone / Extension: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date(s) You're Requesting Use of the Lab: \_\_\_\_\_

Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

**\*\*\* Note: Workshops scheduled for weekends or after 4:00 p.m. require compensation for technical staff.**

What applications (programs) will you be using?

\_\_\_\_\_

What Hardware Will You Require? e.g. Infocus, VCR, DVD Player:

\_\_\_\_\_

Comments: \_\_\_\_\_

**For Internal Use Only:**

Dates available and approved.  Dates unavailable, please resubmit