



**NAVAJO  
TECHNICAL UNIVERSITY**

## Library Room Reservation Form

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Room Requested:  Lecturer Room  Collaboration Space

Dates Needed:  Monday  Tuesday  Wednesday  Thursday  Friday

Reservation Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

No. of Attendees: \_\_\_\_\_

Description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Terms and conditions

- No Food Allowed
- No Drinks Allowed. (exception: water)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Librarian

\_\_\_\_\_

Date