Lamar State College – Orange  
Allied Health Building  
Room Reservation Form

To request a room, please complete the form and submit to Phyllis Crow, Allied Health Administrative Assistant Allied Health Building for approval.

First Name: ______________________________  Last Name: ______________________________

Title/Position: __________________________________________

Department/Organization: __________________________________

Address: _______________________________________________

City: _____________________  State: _____  Zip Code:___________

Phone: __________________________  Alt. #  __________________  Fax: ______________________

E-mail: _____________________________________________

Title of Event: __________________________________________

Event Description: __________________________________________________________________

Estimated Attendance: ________

Date(s) Requested: ______________________

Event Start & End Time: ____________________________

Room Requesting:______________
Room 102 Computer Lab = 30
Room 125 Computer Lab =30
Room 126 Capacity = 54
Room 206 Capacity = 44
Room 207 Capacity = 66
Room 209 Capacity = 54
Conference Room 230 = 18

Technology Needed: ______________________________________________

Would you like a tour of building? __________

Additional Information: Please remember ABSOLUTELY no food or drink allowed in any classroom of the Allied Health Building; only in vending machine area. No access to staff lounge and workroom. Once request is received in the Allied Health Office you will be notified of room availability within a week.

*Approved __________

Denial __________  Reason: ______________________________________________

Notified__________________

*Approval subject to change due to unforeseen program needs.