

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.