Lamar State College – Orange
Nursing & Classroom Building
Room Reservation Form

To request a room, please complete the form and submit to Crystal Compton, Nursing Administrative Assistant, Nursing & Classroom 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 Capacity= 80
Room 106 Capacity=60
Room 107 Capacity = 50
Room 108 Capacity = 40
Room 206 Capacity = 50
Room 211 Capacity = 50
Computer Lab Capacity = 60
Simulation Lab Capacity = 10

Technology Needed: __________________________________________________________________

Would you like a tour of building/Simulation Lab? ____________

Additional Information: Please remember ABSOLUTELY no food or drink allowed in any areas of the Nursing & Classroom Building. No access to Administrative Offices including staff lounge and workroom. Once request is received in Nursing Office you will be notified of room availability within a week.

Approved _________

Denial ___________ Reason: __________________________________________________________________

*Approval is subject to change due to unforeseen program needs.