

After Hours/Weekend Conference Room Reservation Agreement Form

> Complete form and send as an attachment to events@ien.gatech.edu.

Notes:

- > For questions or visitation inquiry, please contact Rasha Shawky at 404-385-0276 / 404-894-5100.
- > If you are submitting a check or cash deposit, please provide form and deposit at time of initial site visit.

GT Department / Group Name					
Name		Phone	email		
Deposit Method:					
PeopleSoft Project Number		С	Doc ID		
\$250 Deposit Required for Stude	nt Organizations (make checks payable	e to Georgia Institute	of Technology)	
Cash				Check	
Date(s) Requested	Room Number(s)				
Time(s) Requested	Estimated Attendees				
*Set-up Style Requested	Theater	Banquet	Classroom	U Shape	
I have read the Institute for Electr to comply with these requirement		echnology Conference	e Room Policies and	Procedures and agree	
Print Name		Signature and Date			
*Service Requested	IEN Attendant (optional)		Facilities Setup/Reset (optional)		
	Security (optional)		Custodial (mandatory on weekends)		
* All service fees require four-hour minin	num charge and are	subject to change			