



## College of Engineering ROOM RESERVATION FORM

Please complete all fields. Return to BELL 3189 or email to engr-rec@uark.edu

Is this for an RSO event? Yes  No  If yes, Name of RSO: \_\_\_\_\_

Event Date:	Start-End Time	Room	Number of Attendees	Speaker	Topic	Food/Drink
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

Speaker and topic will need to be approved before a room can be scheduled. \*More than four dates require Dean’s approval.

**BY SIGNING THIS FORM I AGREE TO BE THE RESPONSIBLE PARTY FOR THIS EVENT, AND I AGREE: (1) to leave the room clean and trash picked up. (2) to not move, remove, detach, or otherwise tamper with technology equipment, podiums or tables. (3) to pay a \$500 CHARGE FOR DAMAGE TO EQUIPMENT IN ROOM DURING EVENT. (4) to pay a \$250 cleaning charge if food/drink is approved and carpet is stained as result.**

Be sure to leave the room in good shape. Thank you! If you need technology training/assistance, please contact our College of Engineering IT Support a week ahead of time at 479-575-7189 or jrs07@uark.edu. Food and drink is not allowed unless approved in advance

What is your name? \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor Name: \_\_\_\_\_ Faculty Advisor Email: \_\_\_\_\_

Faculty Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean’s Office signature if requesting more than 4 days: \_\_\_\_\_

### KEY TO ACCESS THE ROOM(S) AFTER HOURS AND WEEKENDS:

Keys to access the room can only be checked out by faculty and staff. If you are with an RSO, your faculty advisor must check out and be responsible for the key.

**I understand that I am responsible for the Engineering Dean’s Office classroom key. I will only possess the key for the dates of my event and will return the key to the Engineering Dean’s Office once my event has concluded. I will not share this key with any other individuals or make copies of this key. I understand I am responsible for any replacement fees if the key is lost.**

Faculty/Staff Name: \_\_\_\_\_ Email: \_\_\_\_\_

Faculty/Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Engineering Dean’s Office Signature: \_\_\_\_\_