

LIBRARY, RESEARCH, AND INFORMATION TECHNOLOGY CENTER
ROOM REQUEST FORM

Nova Southeastern University Information

Date of Request: _____

DEPARTMENT/CENTER: _____

CONTACT: _____

EMAIL: _____ HOME: _____ FAX: _____

Broward County/Public Information

Date of Request: _____

NAME OF ORGANIZATION: _____

CONTACT: _____

EMAIL: _____ PHONE: _____ FAX: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF ORGANIZATION: _____

NAME OF EVENT: _____

PURPOSE OF EVENT: _____

DATE OF EVENT: _____ NUMBER OF ATTENDEES: _____

TIME OF EVENT: BEGINNING _____ END _____

WILL FOOD BE SERVED? YES NO

OTHER REQUESTS:

Please send form to Beth Harman, x4578, via email – harman@nova.edu or interoffice to Library,
Research, and Information Technology Center, Room 3035

(For Administration Only)
ROOM ASSIGNMENT: _____