



# Room Request Form

<b>Requested by:</b>	
<b>Department/College:</b>	
<b>Date and Time (start to end) of Meeting:</b>	
<b>Title of Event:</b>	
<b>Email Address:</b>	
<b>Telephone:</b>	
<b>Number of People Attending:</b>	
<b>A/V Equipment Needed:</b>	

I have reviewed and agree to abide by the [Facilities Use Policies](http://hseb.utah.edu/) of the Spencer F. & Cleone P. Eccles Health Sciences Education Building (<http://hseb.utah.edu/>).

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

To confirm your Room Request, return a completed and signed Room Request form to:

**Spencer S. Eccles Health Sciences Library Circulation Desk**  
**Building 589**  
**10 North 1900 East**  
**University of Utah**  
**Salt Lake City, UT 84112-5890**

Or email this form to: [hseb-events@lists.utah.edu](mailto:hseb-events@lists.utah.edu)