UCI Student Center & Event Services
Room Reservation Request Form

A311 Student Center, Zot Code 2050
Phone: (949) 824-5252
Fax: (949) 824-3055
Email: reserver@uci.edu

Date: _____

Contact Person: _____ Phone: _____ Fax: _____

Department: _____ Zot: _____

Event Title: _____

DAY	DATE	TIME	CAPACITY	ROOM PREFERRED	ROOM ASSIGNED

Comments: (i.e.: Audio Visual or other equipment needs…)

*** *NOTE: PLEASE ENSURE ROOM IS CLEAN AND IN ORIGINAL SETUP AT END OF RESERVATION. DO NOT DISTURB ADJACENT OFFICES AND CLASSROOMS.*

FOR OFFICE USE ONLY

Date Rec'd: _____ Date Confirmed: _____ Staff: _____ Ref. #_____