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MEDICAL UNIVERSITY OF SOUTH CAROLINA

Classroom Reservation Agreement Form

INSTRUCTIONS: Use a separate form for each individual room. Reservations are not authorized and the room may not be used until written confirmation is received by the requestor. All applicable information must be completed before the room reservation agreement will be processed. PLEASE TYPE OR PRINT. Return form to OFFICE OF ENROLLMENT MANAGEMENT, 41 Bee Street, or FAX to 792-5094. For information, call 792-1537.

BUILDING PREFERENCE: _____ ROOM#: _____ # PEOPLE USING ROOM: _____

COURSE TITLE: _____ COURSE #: _____ INSTRUCTOR: _____

NON-CLASS FUNCTION: (*Specify*) _____

The requestor/sponsor is fully responsible for any repairs or excessive maintenance required in the opinion of the University to restore the room to its original condition. When food and drink are brought in, the requestor/sponsor is also responsible to remove any unconsumed food and drink at the end of the meeting. Please coordinate recycling prior to your event with the MUSC Recycling Program at 792-9745. Trash removal should be coordinated with housekeeping at 792-9461. Requestors/sponsors who cause damage or excessive maintenance will not only be liable for repairs but will also be put on probation such that one or more instance of damage will result in denial of room use privileges for one calendar year in any campus facility scheduled through the Office of Enrollment Management.

DAY(S) OF WEEK <i>Check</i>	DATE(S) <i>From (mo/day/yr) To</i>	TIME(S) <i>From (am/pm) To</i>
Sunday..... <input type="radio"/>	_____	_____
Monday..... <input type="radio"/>	_____	_____
Tuesday..... <input type="radio"/>	_____	_____
Wednesday..... <input type="radio"/>	_____	_____
Thursday..... <input type="radio"/>	_____	_____
Friday..... <input type="radio"/>	_____	_____
Saturday..... <input type="radio"/>	_____	_____

Signature of MUSC Requestor/Sponsor accountable for appropriate room usage _____ Print name _____ Date _____

Department _____ Telephone / Fax _____

COMPLETE IF USER IS NON-MUSC BASED:

Name of Individual/Organization (Person to contact) _____

Street _____ City _____ State _____ Zip _____ Telephone # / Fax _____

COMPLETE IF RESERVED ROOM IS TO BE CANCELLED: This confirmation copy MUST BE USED to cancel all or part of the reservation. Specify below that portion which you wish to cancel. Sign and return to OFFICE OF ENROLLMENT MANAGEMENT, 41 Bee Street, or FAX to 792-5094.

Signature _____ Date _____

FOR OFFICE USE ONLY:

ROOM FEE: Waived _____ Billed _____
Date Approved _____ Initialed _____

ROOM #

Parking Information: If parking accommodations are needed for guests coming from off campus locations, prior parking reservations are necessary. Please call 792-3665 and ask for the Guest Parking Coordinator.