

MMRS Training Room Reservation Form

Agency: _____	Today's Date: _____
Booking Contact (Name): _____ Phone: _____ Email: _____	
How do you intend to use the room(s)? What technology is required (including audio visual, web access, specific software, etc. – describe in detail)	
IT Contact (Name): _____ Phone: _____ Email: _____	

Sessions Requested (half day minimum)

					MMRS Use Only	
	Date	Start Time	End Time	Number of Participants	Room Assigned	Confirm Session
Session 1						
Session 2						
Session 3						
Session 4						
Session 5						
Session 6						
Session 7						
Session 8						
Session 9						

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Sessions Requested (half day minimum)

						MMRS Use Only	
	Date	Start Time	End Time	# Participants	Room Assigned	Confirm Session	
Session 10							
Session 11							
Session 12							
Session 13							
Session 14							
Session 15							
Session 16							
Session 17							
Session 18							
Session 19							
Session 20							

Other information/notes
(Attach extra sheet if needed)

MMRS USE ONLY

Invoice #:

Invoice Date:

Clarity Incident Number:

Agreement:

I acknowledge the terms set forth for the reservation and usage of MMRS Training Room. I also acknowledge that I am the party responsible for payment for the set up and usage of this facility and for the repair/replacement for any damaged equipment or furnishings.

Signature: _____

Printed Name: _____

Title: _____

Agency: _____

Date: _____