

Please complete this form by entering appropriate data requested. Enter the data in the gray boxes. These boxes will increase in size as more text is typed. Return your completed form to Brenda Nicholson, ESC room 142.

Date:

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Requested by:  
Department/Campus:

Phone:

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Conference/Training Room Requested:  
Type an X in the box to indicate room preference.

- |                          |          |
|--------------------------|----------|
| <input type="checkbox"/> | Room 182 |
| <input type="checkbox"/> | Room 189 |
| <input type="checkbox"/> | Room 190 |

Activity:  
Date(s):  
Beginning Time:  
Ending Time:

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### Special Instructions

Description of room arrangement, such as number of chairs/tables, or other items needed:

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ESC Conference room reservation confirmations will be posted to the ESC Meeting Room Calendar, [http://calendar.lisd.org/esc\\_meeting\\_rms](http://calendar.lisd.org/esc_meeting_rms) , and a confirmation email sent to the person requesting the room.

Calendar color codes:

ESC_Room_182
ESC_Room_189
ESC_Room_190

**\*\* If you know in advance that you will not need a requested conference room please contact Brenda Nicholson as soon as possible so that your room may be available to another request.**