

Classroom Reservation Request		D	ate of Request:
1) Department Name:			
2) Contact Name:			
3) Work Phone:	Cell: E-Mail Address:		
4) Post Mail Address:			
5) Instructor of Record:	E-Mail A	address:	
6) Course Title (as to appear on digital	signage):		
Number: Section:	Enrollment min:	Enrollment max:	Anticipated Attendance:
7) Class Dates:			
- ,			
8) Class Start Time:	Class End	Time:	
9) Preferred Room Type (select one):			
R&D Kitchen: Studio Kitchen: Classroom: (If classroom format is selected plea U-Shape: AMMMMM (Seats up to 28) Classroom: AMMMM (Seats up to 40) Conference: AMMMM (Seats up to 12) The lab areas at K-State Olathe are mar Severns (brysev @k-state.edu, 913-307-	naged by Andrena Keesee (<u>andrena @k</u> -	state.edu, 913-307-7309). Th	
10) Audiovisual Needs (certain equipme	ent is only available in certain rooms	s);	
Computer: Monitor: Large Screen: AWWWWA Projector: Document Camera: AWWWA Audio Conference: Video Conference:	Lapel Mic: Hand-held Mic: ***********************************		
Audiovisual support at K-State Olathe is state.edu, 913-307-7359). He will also n			
 No firearms/explosives/firework A NO SMOKING and NO TOE Animals are not permitted in the animals or animals used as page 	left in generally the same condition to rks are allowed. BACCO policy is in effect inside the land the building, with the exception of any art of an academic program. ible for lost, damaged or stolen artical on K-State Olathe lots.	hat they were found prior to building and on all propert imals licensed to assist pe	to the event. y surrounding the building.
Once your request has been appr	oved, a confirmation with room a	ssignment will be sent to	o the contact name listed above.
For approval, submit classroom r	eservation requests to:	Approv	ved by:
Dana Reinert, Kansas State Univers	sity - Olathe	Date a	pproved:

Room #: _____

dmr4159@ksu.edu | Room 227 | 913-307-7340