

SPAWAR INFORMATION TECHNOLOGY CENTER MEETING ROOM RESERVATION REQUEST

PART A
1.Name of organization requesting meeting room:
2.Name and number of individual making request:
3.Date(s) of conference:
4.Times of conference (i.e. 8:00 a.m.-4:00 p.m.):
5.Number of individuals: (Attach list of names separately. Identify VIPs in accordance with Meeting Room Policy)
6.Point-of-contact and number:
7.Will Audio/Visual Equipment be used - Yes _____ No _____ If yes, what type:
8.Notes:
PART B - SPAWARITC ENDORSEMENT (for use by SPAWARITC only)
1.Approved _____ Disapproved _____ Initials _____ Date _____
2.Room assigned:
3.Cost:
4.Stipulations: