

(This form must be completed and submitted 10 business days before class/event to allow time for hardware, software, firewall and room configuration setups. Please fill out all fields below where applicable. You can open and SAVE this form in Acrobat Reader; then email to training@state.ca.gov Please see our "Room Cancellation Policy" in the Room Reservation Guidelines and Usage Policy. For additional information please call 916-739-7502.)

Contact Name: _____ Phone No.: _____ Email: _____

Title: _____ Dept./Div., Company: _____

Name of Class/Event: _____ Type: Meeting Class

Date(s) for Room Request: _____ Time(s) Requested: _____

No. of Attendees: _____ Instructors/Presenters: _____

Check all hardware requirements below for Class/Event:

Computer w/overhead screen/projector Microphone: (lapel handheld) Telephone Conference w/Speaker
DVD player White Board Flip Easel PPT Clicker

Other: _____

*(Connection of personal laptops, iPad devices, etc., to Training Ctr. network servers and/or equipment IS NOT ALLOWED.
All class/event files must be accessed from requestor's provided USB thumb drive or CD.)*

Check all software application requirements for Class/Event:

Internet Access MainFrame Access Passport MS Project MS Visio Live Meeting Webinar BMC Remedy

Other: _____

Please list all internet URL access needed for class/event (i.e., www.ca.gov, www.google.com):

What type of room configuration do you require? (please select one)

Classroom Style	CLASSROOM STYLE	U SHAPE	DBL U SHAPE	RECTANGLE	PODS
U Shape					
Dbl. U Shape					
Rectangle					
PODs					

Do you need any special accommodations? (check all that apply):

Reception table Sign-in sheet Catering table (Rooms A/B/C only) Reserved wheelchair area

Other: _____

(All paper materials, copies, manuals, supplies, pens, notepads, etc. are to be supplied by requestor.)

Will you be catering food for your event? Yes No *(NO FOOD or open drink containers are allowed in Lab Rooms 101/102 at any time)*

If yes, please give details: _____

List any Firewall ports needed (for internal customers only): Port #: _____ Port #: _____ Port #: _____ Unknown None

Comments/Additional Requests: _____

I have read and agree to abide by the Training & Education Center Reservation Guidelines *(I understand that by typing my name below, I have read and agree to all terms of the Facilities Training Room Reservation Guidelines and approve this request to reserve a training room.)*

Electronic Signature of Responsible Requestor: _____ Title: _____

OFFICE USE ONLY:

Date Form Rec'd: _____ Room Assigned: _____ Date(s): _____ Times: _____

Desktop Setup Date: _____ Completed and tested by: _____ Date: _____ Total Cost: _____

Image Used: _____