Date Submitted:_____

UNIVERSITY OF TEXAS AT EL PASO

Bioscience Research Building

FACILITY RESERVATION FORM

Event/Title:_____

Date:_____ Time_____ Num. Attending_____

Available Times: M-F 8:30am-4:30 pm

Area: ☐ Auditorium 2.168 (max cap. 99) ☐ Seminar Room 2.154 (max cap. 35)

Hosting Organization/Department_____

Point of Contact: _____

Phone #:_____ Office:_____

UTEP ID#_____ Email:_____

Food/Drinks Served: ☐ Yes ☐ No

If yes, will it be catered, and by whom: _____

Additional Equipment/Services:

☐ Projector

☐ TV

☐ Custodial

☐ IT Support

☐ Other:

_____

_____

Comments:_____

_____

*By signing this form, you have read and agreed to abide by the rules and conditions set forth by the facility regarding its use.

Signature:_____ Date:_____

□**Approved** □**Not Approved** Authorizer Name & Initials:_____