

Adelphi University
Hauppauge Conference Center
Room Reservation Form

Organization: _____

Organization Address: _____

Event Coordinator: _____

Event Coord. Telephone Number: _____ Fax: _____

Event Coord. Email Address: _____

Type of Event: _____

Purpose of Event: _____

Date(s) of Event Requested: _____

Start Time: _____ End Time: _____

Number of Participants: _____

Name of Contract Signatory: _____

Title of Contract Signatory: _____

A/V Request: _____

Set-up Details: _____

Notes: _____

Signature: _____ Date: _____

All reservations are subject to contract & insurance requirements

All requests must be filed 3 weeks in advance

Fax:
Hauppauge: 516 237-8612
Garden City: 516 877-3606

For Office Use Only:
Room #:
Rental Fee:
Special Request Fee:
Date of Initial Contact:
Follow Up:
Room Reserved By:
Approved By:
Date: