



Reservation Form

Event title: _____

Date and time: _____

Unit/Organization name: _____

Unit/Organization head/sign: _____

Endorsed by: (for organization only) _____

Capacity: _____

Software requirement: _____

Other requests: _____

Requested by/signature: _____

Contact number: _____

Email address: _____

Kindly check the appropriate box correctly.

Block/Time

Item	1st time block 8:00am-12:00pm	2nd time block 1:00pm-5:00pm	3rd time block 5:00pm-8:00pm	Projector	Own projector	Sound system	Desktop Computers
Room package (space, air-con, lights)							
Computer Lab 1							
Computer Lab 4							
Teleconferencing room							
Open area							
Support services (standard for 3rd time block and on Saturday reservation)							

**Visit rates at <http://csrc.upd.edu.ph/index.php/8-main/13-rates>