



Middle Georgia RESA Professional Learning Request Form

(Registration and Room Request)

Complete and email form to Dr. Robin Smith, rsmith@mgresa.us

Room Requested by:		Date Requested:	
Contact for the person responsible for the event:	Name:		
	Email:		
	Telephone:		
Title of the Event:			
Instructor Name:			
Description of the Event for Advertisement:			
Special Instructions for Participants: (Example: Bring laptops)			
Event/Meeting Date(s): Be specific.		PLU(s) Awarded Note: 10 contact hours equals 1 PLU	
Fees: (Standard no show fee is \$35)	MGRESA: Non-MGRESA: No Show Fee:	Department Responsible: Select one	General PL GLRS GATAPP Other (specify):
Registration Deadline		Max # of Participants	
Start Time of the Event:		End Time of the Event:	
Room Request			
Start Time for Room Usage:		End Time for Room Usage:	
DESIRED LOCATION	1st Choice:	2nd Choice:	
Type of room needed (classroom, conference room, lab, etc.)		Room Set up specifics (classroom style, workgroup style, etc)	
IT and/or AV needs (LCD, Laptop, Internet Access, Snowball Microphone, Smart Board)		Food Services needed: Coffee, Water, Ice, Snacks, Meal	
For Office Use Only: PL Director's Approval Date Approved: Date Denied:	Date Sent for Room Request/ Registration:	Assigned Location:	Registration Link: