



# Middle Georgia RESA Professional Learning Request Form

**(Registration and Room Request)**

Complete and email form to Dr. Robin Smith, [rsmith@mgresa.us](mailto: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:	
<b>Room Request</b>			
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	
<b>For Office Use Only:</b> PL Director's Approval Date Approved:  Date Denied:	Date Sent for Room Request/ Registration:	Assigned Location:	Registration Link: