



Middle Georgia RESA Room Request Form

(Room Only. No registration needed)

Complete and email form to Leanne Carreker: lcarreker@mgresa.us

Room Requested by:		Date Requested:	
Contact for the person responsible for the event:	Name:		
	Email:		
	Telephone:		
Purpose of the Meeting/Title of the event:			
Event/Meeting Date(s):		Max # of Participants	
Desired Location	1st Choice:	2nd Choice:	
Start Time:		End Time:	
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)		Food Services needed: Coffee, Water, Ice, Snacks, Meal	
Department	Select one: GENERAL PL GATAPP GLRS OTHER (specify): _____	OFFICE USE ONLY: Assigned Location:	