

TRAINING ROOM RESERVATION FORM

This form must be completed and submitted 10 business days before class/event to allow time for all technical setup configurations. Please fill out all applicable fields below. Save this form in Acrobat Reader and email to TEC@state.ca.gov or call (916) 739-7502 for additional information. Please see our [Room Cancellation Policy](#), [Room Reservation Guidelines](#) and [Usage Policy](#).

Contact Name: _____ Phone No.: _____ Email: _____

Name of Class/Event: _____

No. of Attendees: _____ Date(s) for Room Request: _____ Time(s) Requested: _____

Type: Class Event Meeting Instructors/Presenters: _____

Check all hardware/software requirements below:

Microphone Telephone Conference w/speaker Easel(s) Presentation Clicker Webinar *

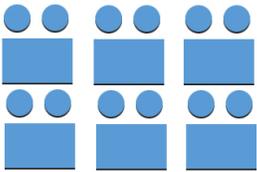
WEBINARS:** OPD supports audio/video for GoToWebinar. All other webinar software support (WebEx, Zoom, Skype, etc.) must be provided by the Requestor. The Requestor is responsible for all webinar correspondence, registration, monitoring and must have a valid license. **The Requestor is responsible for recording their own webinar event.

Other: _____

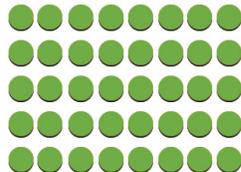
List all internet website/URL requirements:

What type of room configuration do you require (please select one):

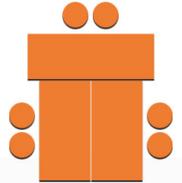
Classroom Style



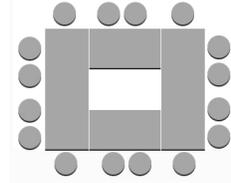
Theater (chairs only)



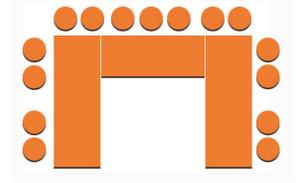
PODs



Rectangle



U-Shape



Special accommodations (check all that apply):

Reception Table Catering Table (Rooms A/B/C only)

Other: _____

(All paper materials, copies, manuals, supplies, pens, notepads, etc. are to be supplied by the Requestor)

Will you be catering your event?: Yes No **(NOTE: NO FOOD OR OPEN DRINK CONTAINERS ARE ALLOWED IN COMPUTER LABS 102 OR 115)**

If yes, please give details:

List firewall port(s) needed, if applicable: _____

Comments/Additional Requests:

I have read and agree to all terms of the Room Reservation Guidelines and Usage Policy and approve this request to reserve the training room.

Electronic Signature of Responsible Requestor: _____ Title: _____

SUBMIT FORM