

# EJC Board Room Reservation Form

Date needed \_\_\_\_\_

Beginning time: \_\_\_\_\_ Ending time: \_\_\_\_\_

Requested by: \_\_\_\_\_ Contact #: \_\_\_\_\_

Department: \_\_\_\_\_

Title of Meeting: \_\_\_\_\_

Number of persons expected: \_\_\_\_\_

Setup options: Square      Classroom      U Shaped      Board Meeting

Technology needed   No Yes   –   Please indicate items needed below:

Laptop Projector Microphone / External Sound Other: \_\_\_\_\_

**Please note the following:**

\*Please send this form to **Vanessa Martinez** - vmartinez@nacid.org )

\*You may schedule a tentative meeting – please confirm or cancel as soon as possible.

\* Board Meetings are held the third Thursday of each month. On those days, your request will be subject to approval through the Superintendent's office.