

UCF Division of Digital Learning
Reservation Form
University of Central Florida



ORGANIZATION: _____

Reservation Details:

Event Name: _____

Contact Person Name: _____

Phone Number: _____ **Event Date(s):** _____

E-mail: _____

Rooms Request: 136A 136B 136AB 147 209 Hospitality Rm

of Attendees: _____ **Intended Audience:** campus off campus

Set-up Time: _____ **Event Time:** _____ **Breakdown Time:** _____

Purpose of Event:

Attendance (Please write in the number of people for each category) In person Virtual

AV Requirements (be specific):

Please select customer type for tax purposes: Education Provider (CEP/CE Credit P

If tax exempt, please attach a copy of your tax exempt form DR-14

Organizations may arrange the tables and chairs as they wish. At the conclusion of the event, the room must be clean with all equipment turned off and battery packs, if used, returned to charging stations to avoid any additional fees.