

**Reservation for** **[ ] E51-275** [ ] **E51-095** **[ ] 14E-304** **[ ] 14N-417**

Event Date/s

**Reservation Info | Please include set up and break down time**

Reservation start time       Reservation end time

Title of Function

Event type        Guest count

Will food be served?

Person requesting reservation:

Last name       First name       Email

Phone       MIT Address       Department

Will this person be the contact the day of the event?

Please provide event day contact information

Name        Phone number

**I have read and will comply with the terms of use:**

* I will return the key as soon as my reservation has ended.
* I will make sure the room is left clean and returned to the correct set up within the reservation time. I understand that the room may not be cleaned up the following morning after an evening event. If the area is not left clean and in order, the department may be assessed a charge for custodial services.
* I will make sure that the door is locked upon leaving the space.
* I will notify the Dean’s Office of any damage to the room. I understand that any damage I incur will be my and/or my department’s responsibility.

Signed: (type name)

Please return this form as soon as possible. **Space will not be held** until it is completed and emailed to dsaronie@mit.edu. Your reservation will be confirmed by email.