great ideas change the world				
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 t	ime	Reservation e	end time	
Title of Function				
Event type	Guest count			
Will food be served? Yes				
Person requesting reservation:				
Last name	First name	e En	nail	
Phone	MIT Address		Department	
Will this person be the contact the day of the event? Yes				
Please provide event day contact information				
Name	Phone numb	er		

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 <u>natalian@mit.edu</u>. Your reservation will be confirmed by email.