



Room Reservation Request Form for NWTC Marinette Campus

Name of Event: _____

Start Date: _____

End Date: _____

Start Time: _____

End Time: _____

Number Attending Event: _____

IT Equipment Needed: _____

Is Special Room Set-up Needed? _____

If yes, How? _____

Type of Room for Event:

- General Class room
- Computer Lab

Brief Description of the content of the presentation:

Contact Billing Information:

Business Organization: _____

Contact Name: _____

Phone Number: _____

Billing Address: _____

Email Address: _____

Type of Organization

- Government
- Private Sector
- Non-Profit

Email completed form to amy.beaudon@nwtc.edu or fax to 715-732-3493