



Room Reservation Request Form for NWTC Marinette Campus

Name of Event: _____

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

Number Attending/Expected: _____

IT Equipment Needed:

Room Set-Up Preference(s):

Type of Room for Event:

___ General Classroom

___ Computer Lab

Contact/Billing Information:

Business Organization: _____

Contact Name: _____

Phone Number: _____

Billing Address: _____

Email Address: _____

Fee Waived _____ Initials _____

Staff Use Only:
Room Reserved: _____
Date Reserved: _____
Staff Reserved: _____

Please email request to Amanda.Nelson@NWTC.EDU and you will be contacted within the next business day for confirmation.

