

## Booking Form

### Computer Training Rooms

Please provide all information. Missing or incomplete information may result in delays or denial of your application.

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Mail Stop Code:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**User:** \_\_\_\_\_

**Department sponsoring programs:** \_\_\_\_\_

**Name of Activity:** \_\_\_\_\_

**Number of Sessions:** \_\_\_\_\_ **Number of Attendees:** \_\_\_\_\_

Date(s) and times(s) requested. List in chronological order, include day and date of the week, and start and end times:

Date	Start Time	End time
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Computer programs to be used:

Office 2010 or above:

Internet Explorer 8 or Above:

Acrobat Reader 9.0 or above:

Angel Secure Browser:

Other Secure Browser:

AV: \_\_\_\_\_

Other Software (prior approval required): \_\_\_\_\_

Phone Contact telecommunications via email to: [helpdesk@downstate.edu](mailto:helpdesk@downstate.edu) or extension 2840

Other needs, to be discussed with the assigned technicians: \_\_\_\_\_

Contact Person sign off:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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#### **FOR INTERNAL USE ONLY**

Room: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_ Initials: \_\_\_\_\_

Event #: \_\_\_\_\_ Software Installed: **None** Name of Software: \_\_\_\_\_

Software Removed on: \_\_\_\_\_ Technician: **None Required**