

**College of Science
Institute for Advanced Study
Virginia Tech
203 West Roanoke Street
Blacksburg, VA 24061**



SPACE REQUEST FORM

Requesting Department: _____

Requestor's Name: _____

Email Address: _____

Phone Number: _____

Event Title: _____

Brief Description/Purpose of Event: _____

Date(s) Requested: _____ 2nd Choice: _____

Time(s) Requested: _____ 2nd Choice: _____

Event Sponsors are required to return the building key to Teresa Price within two days of the event and ensure the cleanliness of the property including trash removal upon departure.

As an authorized representative of a University organization/department, my signing this form below indicates that I have read, understand, and will adhere to the stipulations listed above. My organization/department's failure to do so may result in the loss of event approval and future reservations.

Signature: _____ Date: _____

COS Approval: _____ Date: _____

**Mail or fax completed form for approval to Teresa Price, College of Science (0405),
Phone: 540.231.6394, tfprice@vt.edu, Fax: 540.231.3380.
You will receive an email notification of your request within 5 business days.**