



DOI University/National Indian Programs Training Center
1011 Indian School RD NW Suite 254
Albuquerque, NM 87104
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CLASSROOM RESERVATION FORM

Date of Request: _____ **Res. ID#:** _____

Contact Person: _____

Contact Phone: _____

Contact Email: _____

Bureau and Division: _____

Title of Event: _____

(As advertised to your audience)

Type of Event: Instructional Course _____ Meeting _____

Contracted with: _____

Instructor/Facilitator: _____

Event Dates: _____

Start Time (no earlier than 8:00 AM): _____

End Time (no later than 4:30 PM): _____

Number of Participants: _____

Equipment Required: LCD Projector _____ PA System _____ Speaker Phone _____
 VTC Unit _____ Other _____

Room Type: Classroom _____ Computer Lab _____ * IT sponsor information is required
 Conference Room _____ Breakout Room _____

Room Setup: Pods _____ Classroom _____ Horseshoe _____

IT Sponsor Name and Phone Number: _____

*Please have your instructors come prepared with enough copies for your event. The NIPTC charges for all coping services.

*If materials are to be mailed to our Center, please use FEDEX AIR to ensure timely delivery.

DOIU/NIPTC Staff Only

Room Assignment: _____

Cost: # of days _____ x \$ _____ = \$ _____ (Federal Government or Tribal Purchase Card)

Reserved by: _____ Reserved On: _____

Calendar: _____ Status Report _____ Activity Report _____ Revenue Report _____

A reservation is NOT confirmed until you receive notification from a NIPTC staff member
 Unforeseen circumstances may result in classroom assignment changes