HOSPITALITY TECHNOLOGY LAB

Gerald Thomas Hall, Room 142

Requested Date of Event	
Requested Time of Event am/p	om toam/pm
Group/Department (Sponsor):	
Contact Person:	
Address:	
Phone:	Email:
University Affiliated:Yes] If no, a \$25 per hour room rental fee will ap	
Describe the nature or purpose of the event:	
PLEASE NOTE: No food or beverage is a	llowed in the HRTM Lab. We appreciate yourcooperation.
	ginal position, clean up as necessary, responsibility for any and all act result of the event. If the room is not cleaned satisfactorily, a \$50
	ees will follow all NMSU and state guidelines for social ealth policies applicable at the time of the event. Sponsor agrees es, and phone numbers for all attendees.
Signature of Sponsor:	
Print Name:	Date:
For HRTM use only:	
Jean Hertzman, Director Approved:	Disapproved: Date:
Return form by e-mail: <u>dbeavers@nmsu.edu</u>	Fax: 646-8100 Campus Mail: MSC 3HRTM Phone: 646-7324