



NJ-AHIMT Classroom Request Form

45 Fernwood Avenue, Edison, NJ 08837

(732) 623-4679

njahimt@njsp.org



REQUESTOR CONTACT INFORMATION

AGENCY / ORGANIZATION:	DATE OF REQUEST:	NAME OF REQUESTOR:
OFFICE NUMBER:	CELL NUMBER:	EMAIL ADDRESS:

INSTRUCTOR / PRESENTER INFORMATION (NOTE: THIS IS A PERSON WHO WILL BE ON LOCATION FOR THE DURATION OF THE EVENT)

AGENCY / ORGANIZATION:	NAME OF INSTRUCTOR / PRESENTER HOST:	
OFFICE NUMBER:	CELL NUMBER:	EMAIL ADDRESS:

COURSE INFORMATION

COURSE TITLE / NAME OF EVENT:	ESTIMATED # OF ATTENDEES:
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REQUEST DATE(S):

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATE:							
ACCESS TIME:							
START TIME:							
END TIME:							

SPECIAL ROOM REQUESTS:

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ROOM REQUEST INFORMATION:

- Please complete this form and return it back to njahimt@njsp.org
- Room reservation is not confirmed until this form is returned to the requestor indicating that the request is approved.
- If the room configuration is changed during the event, it **MUST** be set back to the original configuration following the completion of course.
- It is the responsibility of the requester to arrange access on the training day(s).
- In the event the NJ-AHIMT is activated for an event/incident your reservation may be cancelled on short notice.
- Inform the AHIMT Unit as soon as possible if you no longer need the classroom.

THIS SECTION IS FOR AHIMT UNIT USE ONLY

Request Approved (Check Yes or No)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
		Name of Unit Member:
		Signature:

Notes:	
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