

Multicultural Center Reservation/Evaluation Form

RESERVATION

Today's Date:									
Day/Date of Meeting:			Beç	Beginning Time:			Ending Time:		
Department/Organizatio	n:								
Contact Name & Position	with Dept.	/Org. <u>:</u> _							
Phone Number of Contac	t:								
E-Mail of Contact:									
am reserving the (please	e tick one o	r both):							
☐Multicultural Cer	nter Lobby		Alton & Rend	ay Scales E	thnic Stuc	lies Library	/Confer	ence Roo	m
will need (please tick al	l technical c	or facilit	y materials y	you may ne	ed):				
☐ Chairs	Lec	tern	□ Easel	□cd.	/Cassette	Player	□Lo	aptop Co	mputer
Digital	Projector	□т∨,	/VCR/DVD P	layer	Other	r (please lis	t):		
			EVALU	A TION					
	to be com	pleted	and returned		of every	meeting			
Name of Organization: _									
Representative Name: _									
Number Attendees:									
Did the Multicultural Cent	er meet yo	ur need	s today? (ple	ease indica	te on the	scale belov	v)		
1 2 No, not at all	3	4	5	6	7	8	9	10 Yes, entirely	
Explain, if necessary:									
Would you use the Multic	ultural Cen	ter for y	your Organiz	cation's nee	eds in the	future? (circ	cle one)	YES	NO
Would you recommend the Multicultural Center to OTHER Organizations? (circle one)								YES	NO
Why did you choose the	Multicultura	ıl Cente	r instead of o	other office	es or facil	ities on cam	pus? Ple	ease expl	ain:
Additional comments, rec	ommendatio	ons, rea	uests, or aue	stions for t	he Multicu	ultural Cente	er:		