## **Professional Development Learning Center**

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## ROOM RESERVATION REQUEST

PLEASE	SUBMIT O	NE SEPERATE I	FORM PER N	EW EVENT or BREAKOU	UT SESSIONS
Contact Person:	Department/Site:				
Date of Request:	Contact Phone #:				
Title of Activity*:					
	•			-	re is no course, please state e PDLC Rooms Schedule guide.
MyPGS Course # & Name	(if applica	ble) :			
Number of Participants:					
Actual time of event will b	e posted o	n the marquee	with the PD	LC Rooms Schedule gui	earlier than the event time. ide for participants. If you n and submit a seperate form
Set-Up Date		Time of Reservation		Event Date	Actual Event Time
					<u> </u>
Requests: All equipme		_			
Tripod		Laptop Extension		'	
Video	Elmo/[	Doc Reader	Other No	eed:	
Notes/ Detail:					

NOTE! Facilitators are responsible to review and share with participants the PDLC room guidelines for the space provided. The use of the PDLC facility is intended for SDOC staff, and no child care is provided. A response to your request will be sent via e-mail to the contact person, please enclose any additional notes in the text of your email and attach the completed form.

By selecting "Agree" you are stating that you have read the PDLC Room Guidelines and that you will take responsibility for the care of the space we have provided

I agree with and accept PDLC Reservation responsibilities.

FOR A CONFIRMATION: Please send form to - profdevhelp@osceolaschools.net