Printed on Sep-16-2004 at 1:44 pm

Title:			Event Reference: Expected Head Count: Registered Head Count:	
Requested By: J.T. Austin			Phone: Fax: Email:	
Organization(s):				
Description:				
Reservations:				
Event Start Date/Time	Event End	Reservation Start	Reservation End	Location
Reservation Name: 9/18				
Sat 9/18/04 10:30 am	11:59 am	10:30 am	11:59 am	Sem2 C2107 Sem2 C2109 Sem2 C3107
Reservation Name: Sa 9/18				
Sat 9/18/04 8:00 am	2:59 pm	8:00 am	2:59 pm	Sem2 C1105 Sem2 C1107
Requirements: (none specified)				
<u>Requirement Type</u>	<u>Requirement</u>		<u>Quanti</u>	<u>tv</u>
Comments:				