**DOA Conference Room**

**Request Form**

(After Hours Use)

Name:

Department:

Event Name:

Number of Attendees

Space Requested Choose an item.

Start Time:

End Time:

Date: Click or tap to enter a date.

Podium

Microphone/Sound System

Tables

Chairs

Additional information:

* Meetings can be scheduled via the Outlook calendars. Once you have scheduled your meeting, please submit this form to [DOA.DCAMMInfo@doa.ri.gov](mailto:DOA.DCAMMInfo@doa.ri.gov) for approval. Please note, your department will be charged any fees associated with staffing by DCAMM facilities and/or the Capitol Police.