



**KING SAUD BIN ABDULAZIZ UNIVERSITY FOR HEALTH SCIENCES
COLLEGE OF MEDICINE - JEDDAH LIBRARY**

MEETING/STUDY ROOM RESERVATION FORM

Name : _____

Badge : _____

Designation : _____

Department : _____

Ext. / Mobile : _____

Purpose : _____

Start Time : _____

End Time : _____

Estimated Attendance: _____
(Available Seats 10)

Date(s) : _____

Signature : _____

