

Training Room Scheduling Request

Date: [Insert Date]

To: [Training Room Coordinator's Name]

From: [Your Name]

Department: [Your Department]

Email: [Your Email]

Phone: [Your Phone Number]

Training Room Details

Room Name: [Insert Room Name]

Requested Date: [Insert Requested Date]

Start Time: [Insert Start Time]

End Time: [Insert End Time]

Purpose of Training

[Brief Description of Training Purpose]

Attendees

Estimated Number of Attendees: [Insert Number]

Special Requirements

[Insert Any Special Requirements, If Applicable]

Thank you for considering my request. I look forward to your confirmation.

Sincerely,

[Your Name]