**Incubator Reservation Request**

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| **Project** **information**  |
| Project ID | ………. |
| Project title | ………. |
| PI name  | ………. |
| Date | ………. |
| Project start date  | ………. |
| Project end date  | ………. |
| No. of team members  | ………. |
| **Furniture needed in the room (chairs, desks..etc.)** |
| …………………………………..…………………………………..…………………………………..………………………………….. ………………………………….…………………………………..………………………………….…………………………………….………………………………….………………………………….…………………………………..………………………………….… |
| **The required SmartCI departments approvals** |
|  |

**>> Directions:**

1. This form MUST be submitted by the PI via email: adminoffice@smartci.alexu.edu.eg