

Faculty of Health Sciences Room Booking Request Form

Email: bookfhs@mcmaster.ca

Today's Date:

Academic
External or Non-Academic

Requestor Info

Name:	<input type="text"/>	Dept:	<input type="text"/>
Phone/Ext:	<input type="text"/>	Office Address:	<input type="text"/>
Email:	<input type="text"/>	Program:	<input type="text"/>
Instructor:	<input type="text"/>	Phone/Ext:	<input type="text"/>
Event/Course:	<input type="text"/>		

Requirements: **AV** **Videoconference** **Teleconference**

One Time Booking

Date:	<input type="text"/>	# of Attendees:	<input type="text"/>
Start Time:	<input type="text"/>	End Time:	<input type="text"/>
		Room Preference: (If Available)	<input type="text"/>

Recurring Booking

Daily	Weekly	Monthly	
Start Date:	<input type="text"/>	End Date:	<input type="text"/>
Start Time:	<input type="text"/>	End Time:	<input type="text"/>

Comments:

Is this a booking change: Yes No If yes, provide Booking Confirmation #:

Furniture Setup Required: Yes No Location/Room #:

of Tables: # of Chairs: # of Poster Boards: # of Flip Charts: # of Sign Stands:

Account #: Cheque Cash

(If furniture setup required, account # must be provided)