

Use this form to request rooms within the Simulation Center for **NON-SIMULATION** events.

Event Name						
Organizer Name						
Email						
Phone Number						
Date & Time If more than one date is needed for the same event, list all with correct time for each date						
Number of participants	Min:					
	Max:					
Room Requested	<input type="checkbox"/> In-Patient Hospital Room Number of rooms available: 5	<input type="checkbox"/> Out-Patient SP Exam Room Number of rooms available: 12	<input type="checkbox"/> AR Classroom	<input type="checkbox"/> Conference Room	<input type="checkbox"/> SP Lounge	<input type="checkbox"/> SP Debrief
Number of Rooms						
Set-up Describe and provide a diagram						
Simulation Support	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Describe Support Required						

OFFICE USE ONLY

Simulation Team Checklist	Initials
<input type="checkbox"/> Class entered on Simulation Calendar <input type="checkbox"/> Rooms Booked <input type="checkbox"/> Room Confirmations sent to class organizer <input type="checkbox"/> Other notifications: <input type="checkbox"/> Event Checklist generated	
<input type="checkbox"/> Communication with Event Organizer day before <input type="checkbox"/> Communication with Event Organizer day of event <input type="checkbox"/> Event Checklist complete	
Comments	