



Hospital Classroom Services

Facilities Planning and Development, Hospital Classroom Services
 2101 Commonwealth, Suite B, Ann Arbor, Michigan 48105 SPC 5759 Phone: 5-0167 Fax: 5-1547
 Web site: <http://www.med.umich.edu/facilities/planningdevelopment/index.htm>

Contact Person _____ Department _____

Campus Address _____ Phone _____ Fax _____

Campus Zip _____ E-Mail Address _____

Submit only one form per room request needed. If the event meets more than once a week at the same time each day, indicate the days on the same form. Events that meet at different times or irregular days require separate reservation forms.

Beginning Time _____ am/pm Ending Time _____ am/pm

Day	# of Meetings	Dates of Meetings (Month/Day)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Person responsible for meeting/instructor: _____ Number of participants _____

Building and Room Preference: First _____ Second _____ Third _____

Audience (Check One)

- | | | |
|---|---|---|
| <input type="checkbox"/> Dental Students | <input type="checkbox"/> Nursing Students | <input type="checkbox"/> Medical School Faculty |
| <input type="checkbox"/> Graduate Students | <input type="checkbox"/> Pharmacy Students | <input type="checkbox"/> Medical School Admin/Staff |
| <input type="checkbox"/> Undergraduate Students | <input type="checkbox"/> Public Health Students | <input type="checkbox"/> University Hospital Admin. |
| <input type="checkbox"/> M1 <input type="checkbox"/> M3 | <input type="checkbox"/> Student Organizations | <input type="checkbox"/> University Hospital Staff |
| <input type="checkbox"/> M2 <input type="checkbox"/> M4 | <input type="checkbox"/> Professional Development | <input type="checkbox"/> Patient/Families |
| | <input type="checkbox"/> House Officers/Fellows | <input type="checkbox"/> Other (describe) |

Purpose (Check One)

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic course | <input type="checkbox"/> Staff Meeting | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Patient/Family Care | <input type="checkbox"/> Continuing Medical Education | <input type="checkbox"/> Patient Care Related Education |
| <input type="checkbox"/> Education | <input type="checkbox"/> Social Event | <input type="checkbox"/> Grand Rounds |
| <input type="checkbox"/> Deposition | <input type="checkbox"/> Inservice | |
| <input type="checkbox"/> Other (Describe) | | |

Event Number _____