Room Booking Form

ALL SECTIONS MUST BE FULLY COMPLETED, THANK YOU!

Return this completed form to the Room Booking Office Level 4 Hunter wing ext 2700 for inquiries

Name of contact (for queries): .....

Departmental address:.....

Contact telephone/bleep no: ..... Date sent .....

Booking for: Medical Faculty ☐ Healthcare Faculty ☐ Others specify ☐

Full Course/Programme/Branch title**: .....

Session title: ..... Student Year: ☐

Name of lecture/chairperson of session/meeting: .....

Type of room required:

Teaching room: ☐

Clinical cubicles ☐

Edward Wilson Room ☐

Lecture theatre: ☐

Alistair Hunter Room ☐

Laboratory: ☐

Other specify ☐

Attendee details:

Total number of attendees .....

Number of rooms requireed for these attendees: .....

Preferred rooms (given where possible only)

.....

Dates required ...../ ...../200 ..... Start time:- ..... End time:- .....

If room is for the same day each week:- .....day

This is only a request form confirmation will be sent in due course

Please state any laboratory, audio visual aid, or other specific requirements here:

(Note that any equipment needed for practical classes should be discussed with The Chief Technician on Extn. 2609).