**FSU College of Medicine Room Reservation Request Form**This form is to be used for non-College of Medicine groups only  
Please submit (email) this completed form your CoM Faculty/Staff Host. You will be notified by email when your event has been scheduled. Please save a copy of this form for your records. Please read the Room Scheduling & Calendar Policy & Procedures, which can be found at: [RoomUsagePolicy.pdf](http://med.fsu.edu/userFiles/file/RoomUsagePolicy.pdf)  
**Note to CoM Faculty/Staff Host:** When you receive this request form, please go to the Calendars & Room Reservation SharePoint site and fill out the electronic Room Request Form.

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| **Submission Date:** August 29, 2013 | | | | | | | | | | | |
| **Requestor’s Information** | | | | | | | **Department/Organization:** | | | | |
| **Name:** | | | | | | |  | | | | |
| **Email:** | | | | | | | **Student Organization:** | | | | |
| **Phone:** | | | | | | |  | | | | |
| **CoM Faculty/Staff Host:\*\*** | | | | | | | **CoM Host Phone:** | | | | |
|  | | | | | | |  | | | | |
| NOTE: if an event occurs after normal working hours, a full-time College of Medicine Faculty/Staff host must be in attendance for security purposes. Non-College of Medicine groups can contact Samuel McCray @ 645-9206 to reserve a host for a nominal fee. | | | | | | | | | | | |
| **Name of Event:** | | | | | | | **Event Type:**  **Other:** | | | | |
| **Date of Event:** | | | | **Set-Up Time Begin/End:** | | | | | **Event Time Begin/End:** | | |
| **Is this an After-Hours Event?**  - Your event is after-hours if it is after 5:00pm or on the weekend  **Do you Need Parking for Event Attendees?** | | | | | | | | | | | |
| **Description of Event:** | | | | | | | | | | | |
| **Is this a recurring event?**  -if answered Yes, please fill out the fields below: | | | | | | | | | | | |
| **Days of the Week:** | | | | **Event Begin Date:** | | | | | **Event Conclude Date:** | | |
| **Is the event open to the public?** | | | | | | **Would you like this on the student calendar?** | | | | | |
| **Budget ID/Foundation Account # to be charged:** | | | | | **Fund Code:** | | | | | **Project #:** | |
| **Estimated # of Guests:** | | | **Will food be served?**  NOTE: According to University Policy, food & drink are not allowed in the classrooms.  **If Yes, Type of food and drink:** | | | | | **Will alcohol be served?**  Note: the [Alcohol request memo](http://med.fsu.edu/) can be found with the [Policies & Procedures](http://med.fsu.edu/). Alcohol must be served by a licensed and insured 3rd party member. Please fax Memo to Sally McRorie, Dean of Faculties (Faculty/Staff events) @ 644-3375 or Mary Coburn, VP for Student Affairs (Student events) @ 644-6297. When approved, please send a copy to Samuel McCray. | | | |
| **A/V Equipment Needed: (please check all that apply, equipment may not be available in all locations)** | | | | | | | | | | | |
| Microphone | LCD Projector | | | | Camera/Overhead Projector | | | | | | Telephone Conference |
| Video Conference | | Record/Live Stream | | | | | |  | | | |
| Hearing Impaired Assistance Needed | | | | | | | | **I require IT assistance** | | | |
| **Event Rooms – choose the room(s) you would like to use** *\*\*\*\*Seating capacity is less if conducting a video conference* | | | | | | | | | | | |
| **Room** | | | | **Capacity** | | | | | **IT Capabilities** | | |
| 1200 – Classroom | | | | 148\*\*\*\* | | | | | Video conference, Record/Live Stream | | |
| 1301 – Classroom | | | | 40\*\*\*\* | | | | |  | | |
| 1302 – Classroom | | | | 60\*\*\*\* | | | | |  | | |
| 1303 – Classroom | | | | 40\*\*\*\* | | | | |  | | |
| 1306 – Multipurpose Lab | | | | 80 | | | | | Video conference, Record/Live Stream | | |
| 1400 – Auditorium | | | | 289 | | | | | Video conference, Record/Live Stream | | |
| Atrium/Lobby | | | |  | | | | | TV & Microphone | | |
| Courtyard | | | |  | | | | |  | | |
| G120 – Computer Lab | | | | 40\*\*\*\* | | | | |  | | |