

Department of Medicine Room Request Form: LRB

Use TAB to move through fields. Use SPACEBAR to mark a checkbox.
SAVE form before emailing.

Today's Date:

Contact Information		Meeting Information	
Contact Person		Responsible Person	
Telephone		Telephone	
FAX		Meeting Title	
*Email		1st Choice Room	<input type="checkbox"/> LRB203 <input type="checkbox"/> LRB316
Dept or Division		2nd Choice Room	<input type="checkbox"/> LRB203 <input type="checkbox"/> LRB316
		<input type="checkbox"/> if 203 & 316 are not available, please check for any available room in the LRB	

Meeting Date (dd/mm/yy)	Start Time (00:00 am/pm)	End Time (00:00 am/pm)	Number of Participants	Will food be served or eaten during this meeting?
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no

* Email address of requestor is required.

- LRB 203 and LRB 316 are equipped with LCD projectors & screens. You must bring your own laptop computer.
- All meetings/lectures must end ten minutes **BEFORE** hour or half-hour.
- **LEAVE ONLY YOUR FOOTPRINTS!** Leave the room clean and orderly for the next user. Failure to do so will result in loss of the privilege of using the room.
- **Contact:** EBS (x63825) for setup of room, Audio/Visual (x63938) for equipment/training, and Catering for food/beverage service (x6-2910 or x6-2217).

Comments or additional information:

Save and email this form to Junko.Kato@umassmed.edu