

**Room Reservation Form**

Please fill in the blue boxes below to request a reservation.

Email form to:[**UMSN-CLC-Mailbox@med.umich.edu**](mailto:UMSN-CLC-Mailbox@med.umich.edu).

You should receive an email from a CLC staff member within 2 working days.

|  |  |  |
| --- | --- | --- |
| **INFORMATION NEEDED** | **YOUR INPUT** | |
| Date Submitted |  | |
| Course Number and Name |  | |
| Faculty Name and Email? |  | |
| Best Contact Phone Number. |  | |
| Desired Date(s) and Time(s). |  | |
| **Please indicate which room(s) you are**  **requesting by checking the box.** | | **Please indicate what equipment**  **or supplies you will need.** |
| Assessment Room A |  |  |
| Assessment Room B |  |  |
| Master Control |  |  |
| Skills Lab |  |  |
| Skills Training |  |  |
| Anatomy Lab |  |  |
| Standardized Patient Rooms | **A**  **B**  **C**  **D** |  |
| Sim Room – Peds | **1-year-old  5-year-old** |  |
| Sim Room – OB | **Noelle  Victoria** |  |
| Sim Room – Med/Surg |  |  |
| Sim Room – ICU |  |  |
| Debrief Classroom 150 |  |  |
| * A/V Needed? | **Yes  No** |  |
| Debrief Classroom 160 |  |  |
| * A/V Needed? | **Yes  No** |  |
| Debrief Classroom 170 |  |  |
| * A/V Needed? | **Yes  No** |  |

**Additional Information/Comments:**