

**Room Reservation Form**

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

Email form to:**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:**