

**REQUEST FOR MEETING SPACE**

**RETURN COMPLETED FORM TO:** Audrey Manley  
[Audrey.Manley@VCUHealth.Org](mailto:Audrey.Manley@VCUHealth.Org)  
**THIS FORM SHOULD BE SUBMITTED AT** McGlothlin Medical Education Center  
**LEAST TEN (10) BUSINESS DAYS IN ADVANCE** 4<sup>th</sup> Floor, Suite 200 (804) 827-1260

**PLEASE OBSERVE THE FOLLOWING POLICIES:**

- **FOOD OR BEVERAGES ARE NOT PERMITTED IN ANY AUDITORIUM, LECTURE HALL, CLASSROOM OR STUDIO AT ANY TIME.**
- **Food and beverage ARE permitted in certain areas of the following buildings:** KMSB 104/105, MMRB 1009/1011, Sanger 3-016, MMEC 3-101 and all MMEC small class rooms 101 & 102, floors 5-8. Learning Studios are NOT available for student lectures.
- **The group is responsible for the condition in which the room is left. The group should make certain the room is in order for the next meeting or class. Chairs and tables may not be removed from the room. If chairs and tables are re-arranged, they must be returned to their original order at the end of the lecture/session.**
- **Audio visual – if you need technical assistance, including scheduling video teleconferences, please indicate in the description area below. For KMSB, MMRB and Sanger Hall buildings, please contact Media Support Services (804) 828-3400.**
- **All meetings, lectures, workshops, etc., typically run 50 minutes. They are generally scheduled to begin on the hour (or half-hour) and stop 10 minutes prior to the end time. Set up for Sanger 3-016 may begin no earlier than 11:45am.**

**ALL OF THE FOLLOWING INFORMATION IS REQUIRED:**

Date(s) Needed: \_\_\_\_\_  
(You may select more than one date and label as 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> choice)

Beginning Time: \_\_\_\_\_ Ending Time \_\_\_\_\_ Day(s) of the Week Held: \_\_\_\_\_

Name of Student Organization: \_\_\_\_\_

Name of the Event: \_\_\_\_\_

Brief Description of the Event (incl. tech asst. if needed): \_\_\_\_\_

\_\_\_\_\_

Approximate Number of People: \_\_\_\_\_ Will food &/or drink be involved? Yes No

Will wheelchair access be required? Yes No Will alcohol be involved? Yes No

Will Technical assistance be required? Yes No

Preferred Building/Room: \_\_\_\_\_

(You may select more than one room/building and label 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> choice) Protocol MMEC, KMSB 104/05& MMRB 1009/11 & Sanger Hall

Your Name and Email Address: \_\_\_\_\_

Faculty Advisor in Charge: \_\_\_\_\_ Department: \_\_\_\_\_