

REQUEST FOR MEETING SPACE

RETURN COMPLETED FORM TO:

Christal Schools
Christal.Schools@VCUHealth.Org
McGlothlin Medical Education Center
4th Floor, Suite 200 (804) 827-1260

**THIS FORM SHOULD BE SUBMITTED AT
LEAST TEN (10) BUSINESS DAYS IN ADVANCE**

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 1st, 2nd or 3rd 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 1st, 2nd or 3rd choice) Protocol MMEC, KMSB 104/05 & MMRB 1009/11 & Sanger Hall

Your Name and Email Address:

Faculty Advisor in Charge: _____ Department: