

COURSE BOOKING FORM

Requestor Name: _____ Organization: _____
 Phone: _____ Start date: _____ Start Time: _____
 Email: _____ End date: _____ End Time: _____

COURSE SPECIFICATIONS	
Course Title	
Head Faculty	
Evaluation Forms	SimSinai Generic <input type="checkbox"/> Your Own <input type="checkbox"/>
# of Participants	
Catering? Yes <input type="checkbox"/> No <input type="checkbox"/>	Call : 5 Star Catering at Mount Sinai Hospital p: 416-586-4800 ext 5021 e: fivestar@mtsinai.on.ca
Billing Contact	p: _____ e: _____

ROOMS					
Didactic Area <input type="checkbox"/>	Megacode 1 <input type="checkbox"/>	Megacode 2 <input type="checkbox"/>	Megacode 3 <input type="checkbox"/>	Megacode 4 <input type="checkbox"/>	Lecture Hall (if available) <input type="checkbox"/>

EQUIPMENT	
HDTV for Presentations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Central Line Models	# (of 2)
Ultra-Sound Capable Line Models	#:
Ultra-Sound	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vimedix Ultrasound Simulator	Yes <input type="checkbox"/> No <input type="checkbox"/>
SimMan	# (of 3)
SimMan Mobile	Yes <input type="checkbox"/> No <input type="checkbox"/> (of 1) To be moved to:
SimJr	Yes <input type="checkbox"/> No <input type="checkbox"/> (of 1)
Birthing Noelle	# (of 2)
Baby Hal	# (of 2)
Airway Heads	# (of 4)
Cric Head	Yes <input type="checkbox"/> No <input type="checkbox"/>
Compression Torso	# (of 3)

MOULAGE INSTRUCTIONS

Please COMPLETELY and ACCURATELY fill out this form 2 weeks prior to your course. We cannot guarantee products/devices availability on incomplete forms, or forms submitted less than 2 weeks prior to the course. This request will be reviewed by our office and a confirmation will be emailed to you.

CONTACTS		
Finch Taylor Tech	finch.taylor@utoronto.ca	Ext 5812
Dionne Banton Admin	dionne.banton@utoronto.ca	Ext 6539

Save this document with a new file name and return as an attachment.

SPECIAL REQUESTS / ADDITIONAL NOTES