ROOM AND EQUIPMENT RESERVATION REQUEST

Complete and fax this form to: (210) 368-3863

1. All designated classrooms in the East Wing of the School of Medicine Building and the Frohring Auditorium (BRB 105) and equipment supporting activities in these rooms (Except BRB) are reserved through this form. Rooms and their capacities are found at [http://mediswww.cwru.edu/bit/rmreservation/rooms.htm](http://mediswww.cwru.edu/bit/rmreservation/rooms.htm) and audio-visual resources are listed at [http://mediswww.cwru.edu/bit/rmreservation/equipment.htm](http://mediswww.cwru.edu/bit/rmreservation/equipment.htm).

2. Full support (rooms, equipment, and projectionist) is provided by the Office of Biomedical Information Technologies for activities that are part of the medical curriculum between 7:45 AM and 5:00 PM weekdays. Organizers planning curricular activities outside these hours will be charged $24/hr for a projectionist when one is requested. Knowledge of the projection equipment should be confirmed with Tracey Liston if no projectionist is requested. Special requirements should be tested in advance of the activity (Tracey Liston x3476, e-mail twl2).

3. Rooms and equipment can be reserved for other medical school activities outside the curriculum, for example, seminars, departmental activities, etc. Projectionists will be provided (if available) at $24/hr upon request. These non-routine activities are most successfully carried out when an individual is assigned to coordinate the activity with Tracey Liston.

4. Reservations should be made at least ONE WEEK in advance and can be made up to one year in advance. Reservations are made on a first-come, first-serve basis, with curricular activities given priority. Confirmation of your request will be by either e-mail or fax.

5. If you have questions, call Caroline Abounader (368-6617) who is in charge of ALL room reservations.

Event Name:                                                                       Today's Date:
Contact Person (faculty/staff): ________________________ Vendor (if involved):
Department:
Phone: ________________ Fax: ________________ e-mail: ________________________
Quantity of Rooms needed: ________________ Group size:
Date(s) needed:
Start time: ________________ End time: ________________ Suggested room(s):
Audio visual request:
Account number for projectionist and special requests: #

DO NOT FILL : (To be filled in by BIT Staff)
☐ The room and equipment you have chosen are AVAILABLE at the time you requested. Please keep this form as your receipt.
☐ The room and/or equipment you have chose is(are) NOT AVAILABLE at the time you requested. Please choose another room or another time below.

Time(s):
Suggested Room or Equipment:

Personnel and Equipment Available Upon Request:

1. Projectionist
2. Cart
3. Chairs
4. Computer projector
5. Empty slide tray/carrousel
6. 5-headed microscope
7. Flip chart
8. Heart sounds machine
9. I.V. arms
10. Laserdisk/videodisk
11. Laser Pointer
12. Microphone
13. Overhead projector
14. PD model
15. Portable computer
16. Skeleton
17. 16 mm slide projector
18. 35 mm slide projector
19. Standard TV/VCR
20. VHS camcorder
21. VHS play back unit with 19” monitor
22. X-ray view box
23. Tables