SPECIAL EVENTS SCHEDULING FORM

Must Reserve Room or Area Before Filling Out Form Only Typed Special Event Forms Will Be Accepted



To check availability of a room, go to Administrative Services Page link at (http://www.mdc.edu/medical/administrativeservices/default.asp) on the Medical Center Campus Home Page

- 1) Click on Room Scheduling link
- 2) Choose room
- 3) Attach copy of Calendar to this form from web page to this form once reservation is confirmed.

For scheduling of Classrooms, contact Nelly Kairuz of Registrar's Office (305-237-4371 or email: Nkairuz@mdc.edu).

For scheduling of Atrium, contact Student Life (Room 1171, Phone: 305-237-4213).

Contact Person for Event Dept/Organization			Fat Haf Daniela								
						Date of Activity			(One Date per Form)		
						Check date availability on Roo	om Scheduling webpag	e at (http://www.mdc.ed	lu/medical/administrativeservices/defa	nult.asp), submit i	nfo to Student Life (Room 117
Location											
Time Start	End		Reserved from _		to						
Event Title					(Allow for set-up time,						
Description of activity Advisory Meeting					Testing						
Other											
Submit this Form to C	<u> Campus Services l</u>	Room 1153 for <i>i</i>	<u>Approval</u>								
Must Attach Calendar & Samples Room Diagram	_	an be seen at (htt	p://www.mdc.edu/medical/Stude	entLife/room117	75.asp)						
# of Long Tables (V	Vide)		☐ # of Disabled	l Parking Sn	aces						
# of Long Tables (Narrow)			# of Parking Spaces								
# of Round Tables (48in)			# of Large Garbage Bins Campus Service is not responsible for decoration setup/cleanu								
# of Round Tables	of Round Tables (60in)										
# of Cocktail Tables (Short)		Student Life does <u>not</u> provide table covers, decorations, etc									
# of Cocktail Tables	s (Tall)		non-sponsored activities.								
# of Chairs											
Note: Plastic Table Covers	s & Table Skirts are <u>r</u>	<u>not</u> provided									
Other											
For further information p	lease contact Betty	Hendrix in Campu	s Services (Room 1153, 305	5-237-4202)							
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mpus Services Director S	ignature		Studen	nt Life Directo	r/Staff Signature for Atriu						
ason Not Approved:	o Time Inadequate	☐ Form Inco			-						
ote: For additional Supported below to Submit ap	oort Services, <u>you ı</u>	must go to the ap	•								
edia Services - Submit Com tp://www.mdc.edu/medica	oplete Work Order Re	- equest Room 1160			pitality Form, Room 1171						