UT Southwestern Medical Center Space Request Form

				cheduli	ingCoordinato	or@UTSouthwestern			
•		eviewed and	processed in a	ccorda	ance with <u>FSS</u>	S-101 Use of UT Sou	thwestern Fac	<u>cilities</u> .	
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Today's Date:	Sponsori	ing Faculty	/VP:			· - ··			
Requestor:						Email:			
Department:						Telephone:			
GENERAL INFORMATIO	NC								
Course/Event Name:						Course Numb	er (if applica	able)	
Purpose/Description**									
Degree-Granting School:	🗌 Medic	al School			Graduate S	chool	🗌 School	of Heal	th Professions
Expected Attendance:		Participa all that ap	nts (check ply)	□ St	udents	☐ Staff	☐ Faculty	Off-	Campus Guests**
CME/CE credit?	Physic	ian [Nursing	□ F	Pharmacy	Other			□ N/A
Registration Fee?	🗌 Yes (I	Profit above	e expenses be	elong i	to UT South	western)	🗌 No		
Vendor Exhibit(s)?	🗌 Yes (F	Policy <u>FSS-</u>	102 applies)		🗌 No	Vendor Name(s)			
Jointly Sponsored with an Outside Organization?	□ No `		101 applies)			ovide Sponsoring			
Catering:						irectly with appro er Campus Wide		r of you	r choice*
Please indicate caterer:	🗌 Auxilia	ry Restaura				larris Faculty Club		utside	
Alcohol served?	🗌 Yes A	pproval req	luired - <u>Reque</u>	est for	r Permission	to Serve Alcoholi	<u>c Beverages</u>		🗌 No
Audio Visual:	☐ Yes ☐ No	Servi	ceNow ticket	. A/V	/ fees and te	<u>e made by client</u> echnician fees ar	e assessed		
		funct	ions and wee	ekend	l events. Of	fice hours are 8:0	00am-5:00p	<i>m</i> .	
Room Setups: <u>All rooms I</u> <u>your assigned room</u> . Shot contact Facilities Manage	uld a specia	ult setup. al room arı	Please consu rangement b	<u>ult wit</u> e requ	<u>th the Sche</u> uired <u>, pleas</u>	duling Coordinat	or to confir	m the d	efault setup in
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UT Southwestern Medical Center Space Request Form

of Week	Date	Pre-Access Time	the current acc Actual Start Time	Actual End Time	Post-Access Time	Requested Room(s)
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