

Scheduling Request
Weingold Conference Center
GWU Hospital

Revised 9/12/07

Instructions: Please fill out form **completely** and attach a room setup chart if applicable. Request must be submitted in writing **5 days prior** to the event to the VPHA, Ross Hall, Room 713-East (FAX 202-994-9239). Requests will be reviewed by the VPHA and you will receive a copy of this form as your final confirmation.

Today's Date: _____

Telephone Number: _____

Requested By: _____
 (Please Print)

FAX Number: _____

E-mail: _____

Department Name: _____

Organization #: _____

Department Head Signature: _____
 (Please Print and Sign Name)

Rooms are available Monday through Friday from 7:30 a.m. to 5:30 p.m.

Day	Date	Time	Room #6113	Room #6115
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Please state the purpose of the event below. **Number of Attendees:** _____

Event Details:

Please indicate which of the following applies to your event.

YES	NO		Notes:
		Audio Visual/Computer Needed	
		Catering	
		Special Room Setup	
		Kitchen Access	

After you receive room confirmation you are responsible for making arrangements with our Events Coordinator (X4-0136) for room setup and access to the kitchen if needed, and the Classroom Services (X4-2856) for Audio Visual needs.

(Do not write below this line)

(VPHA) Approved By: _____ **Date:** _____

Facility Charges will apply to this event () Yes () No

Remarks: _____

Received by VPHA _____
 Date

Confirmation returned to requesting department by FAX: _____
 Date

THE GEORGE WASHINGTON UNIVERSITY GW HOSPITAL – SIXTH FLOOR

