

# David Braley Health Sciences Centre

Room Booking Request Form

100 Main Street West, Hamilton ON L8P 1H6

Email Requests To: [mhccroombooking@mcmaster.ca](mailto:mhccroombooking@mcmaster.ca)



Inspiring Innovation and Discovery

## PLEASE CHOOSE ONE:

Internal/Academic

Account number:

MAC01\_\_\_\_\_

External/Non-Academic

MSU Student Group

City of Hamilton – DBHSC Public Health

City of Hamilton – Other Departments

\*If a registration fee is being charged the event will be considered external for billing purposes.

Contact Information	
First & Last Name:	
Department:	
Program:	
Phone:	
Email:	
Billing Address:	
Event Information	
Event Name:	
Date:	
<b>**Setup Time:</b>	
Start Time:	
End Time:	
Room Preference:	
Amount of people:	
Catering/Setup Information	
Available for rent: 8x4" tables, 4x6" tables and 100 chairs	
Catering Company:	
Catering tables:	
Cocktail Tables:	

**\*\*Setup time must include when any deliveries (catering or rentals) need to be made and this is the time the doors will electronically unlock.**

**Sketch/Notes of Room Setup:**

FOR 2032 please indicate bleachers to be setup or put away

FOR 2035/2036 please indicate if the wall should be down for 2 rooms or up for 1 large room

**Audio Visual Requirements**

(If not specified you may not be able to use equipment on the day of your booking)

- |   |  |
|---|--|
| <input type="checkbox"/> Zoom             | <input type="checkbox"/> Teleconference                |
| <input type="checkbox"/> Video Conference | <input type="checkbox"/> Screen & Projector            |
| <input type="checkbox"/> OTN              | <input type="checkbox"/> Sound System/Mics (2032 only) |

**Other Av Comments:**

**Office Use Only**