



COURSE BOOKING FORM

Requestor Name: _____ Organization: _____
 Phone: _____ Start date: _____ Start Time: _____
 Email: _____ End date: _____ End Time: _____

COURSE SPECIFICATIONS	
Course Title	
Head Faculty	
Course Objectives	
Evaluation Forms	Surgical Skills Generic <input type="checkbox"/> Your Own <input type="checkbox"/>
# of Participants	
# of Stations	
An Accredited CME Program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Catering? Yes <input type="checkbox"/> No <input type="checkbox"/>	Call : 5 Star Catering at Mount Sinai Hospital p: 416-586-4800 ext 5021 e: fivestar@mtsina.on.ca

ROOMS				
Lecture Hall <input type="checkbox"/>	Wet Lab <input type="checkbox"/>	Virtual Operating Room <input type="checkbox"/>	Breakout Room <input type="checkbox"/>	SimSinai Centre <input type="checkbox"/>

INSTRUMENTS/EQUIPMENT	
SSC Instruments	General <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> Cardiac <input type="checkbox"/> Plastics <input type="checkbox"/> Vascular <input type="checkbox"/>
Company Instruments	Yes <input type="checkbox"/> No <input type="checkbox"/> # of trays:
Ultrasounds	#:
Power Equipment Provided by	SSC (#) Client (#)
Lap Stacks	#:
Microscopes	#:
C-Arm	#: X-Ray Tech #:
Toronto General Hospital	Sterilization? Yes <input type="checkbox"/> No <input type="checkbox"/>

MODELS	TYPE
Specimens	#:
	#:
	#:
	#:
	#:
Dry Models	#:
	#:
	#:
Porcine Models	#:
	#:
Other	#:

This request will be reviewed by our office and a confirmation on the availability and terms of the booking will be emailed to you. All room bookings are subject to our Centre's room booking policies. A copy of the policy is available on our website.

CONTACTS		
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Serenity Thomas Tech	serenity.thomas@utoronto.ca	Ext 6627
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AUDIO/VISUAL (please provide presentations 3 days prior to your course)		
Equipment	PC Laptop #	Projector #
Recording	Demo <input type="checkbox"/> Didactic <input type="checkbox"/>	Record each station? <input type="checkbox"/>

Save this document with a new file name and return as an attachment.

SPECIAL REQUESTS / ADDITIONAL NOTES