



# 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 : <b>5 Star Catering</b> 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"/>

*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.*

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

CONTACTS		
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<b>Finch Taylor</b> Tech	finch.taylor@utoronto.ca	Ext <b>3856</b>

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