

Tufts University Health Sciences Campus Room Request Form

Email requests to: Boston_RoomRequest@tufts.edu

STUDENT REQUEST

Your Name:		Your Class:	
Your Email:		Today's Date:	
Student Group: <i>Spell out, no initials (This will appear on posted schedule)</i>			
Medical School Sackler School Undergrad	Nutrition School Dental School PA Program MBS Program		
Event Subject: (for approval process)			
Student Affairs Approval Signature:			
NAME OF PERSON RESPONSIBLE FOR EVENT: <i>(This name will appear on posted schedule)</i>			
DATE(S) NEEDED: <i>(attach listing if necessary)</i>			
Start Time:	Duration:	<i>Set up time</i>	<i>Clean up time</i>
Number of People Per Room:		Number of Rooms Needed:	
Room setup	Lecture Rows <input type="checkbox"/>	Hollow Square <input type="checkbox"/>	Horseshoe <input type="checkbox"/>

Contact Jessica Scott in Facilities 617-636-6910, Jessica.Scott@tufts.edu for room setup or cleanup

Do you plan to serve: **FOOD** Contact Facilities (6-6910)
 ALCOHOL You must Contact Security Office (6-6610)

ROOM PREFERRED:	<i>For Office Use only:</i>
1st CHOICE :	
2nd CHOICE :	
3rd CHOICE:	Room(s):
	Event Code: