HARBOR-UCLA MEDICAL CENTER – OFFICE OF THE MEDICAL DIRECTOR

CONFERENCE ROOM REQUEST FORM

Today's Date:	(If more than one day, indicate additional dates on attached sheet) Requested Date(s):

Purpose of Meeting/Function:	**Person In Charge of Meeting/Function:**

Starting Time: _ AM _ PM	Ending Time: _ AM _ PM	Number of Attendees:

Contact Person:	Department:	Box #:

Phone Number/Ext.:	Fax Number/E-Mail Address:

LOCATION PREFERENCE / SEATING CAPACITY: (C=classroom seating; T=conference table)

_ Doctor's Dining Rm (1L1) Seats 32 **(T)**	_ Assembly Room (1N2) Seats 115	_ PCDC0109 (109) Seats 25 **(T)**	_ 1East Conf Room Seats 22 **(T)**
Library Conference Rooms **(T)**: (**no food allowed**) _ Rm 1 - Seats 25 _ Rm 2 - Seats 25 _ Rm A - Seats 20			_ Auditorium **(no food allowed)** Seats 158
_ Pathology Conf Rm (2S2) Seats 60	_ 4th Fl Conf Rm (4L2) Seats 20 **(C)**	_ 5th Fl Conf Rm (5W11) Seats 28 **(C)**	
_ 6th Fl Conf Rm (6L2) Seats 35 **(C)**	_ 7th Fl Conf Rm (7L2) Seats 35 **(C)**	_ 8th Fl Conf Rm (8E6) Seats 25 **(T)**	_ N-25 (Research Area) **(C & T)** Seats 22
Indicate Specific Room(s) Preferred: 1st Choice: 2nd Choice: Any Room Available:			

RESERVATION FREQUENCY:

_ New Request – One Day Only	Additional Comments on Back or Attachment
_ New Recurring Request (See Below) Beginning Date: _____ Ending Date:	_ Renew Standing Meeting (See Below) Beginning Date: _____ Ending Date:

Day of Week: _ Mon _ Tues _ Wed _ Thurs _ Fri
How Often? (Example Every 3rd Thursday)

Policies and Procedures: Scheduling hours are Monday-Friday, from 2:00 p.m. to 4:00 p.m. only. Contact x2912 between these hours for questions and walk-ins. **No phone reservations**. To schedule a room, you must submit a Conference Room Request Form via mail - Box #2, fax - (310) 782-8599, or e-mail to ncollins@dhs.lacounty.gov.

IT IS YOUR RESPONSIBILITY TO:

- Schedule Audio-Visual equipment 24 hours in advance from Parlow Library (ext. 2372)
- Contact the Department holding a specific room if you wish to negotiate terms for your usage.
- Notify Housekeeping (ext. 3359) for any room set-up and/or clean-up.
- Keep this confirmation form to verify your room reservation and cancel rooms you are not using

Revised 03/04

ADMINISTRATION USE ONLY

Conference Room Scheduled By: _____ Date: _____

_ Confirmed _ Room(s) Not Available

Comments: