



Shiffman Medical Library & Learning Resources Centers

Shiffman Medical Library Room Request Form

Request Date		
School, College or Department		
Contact Name	Phone	E-mail
Event Title		
Event Date	Start Time	End Time
One Time Event <input type="checkbox"/> Yes <input type="checkbox"/> No	Semester Order <input type="checkbox"/> Yes <input type="checkbox"/> No	
Semester Start Date	End Date	
Remarks		
For Assistance: E-mail askmed@wayne.edu (7-1094); Rosemary Ausilio @ ac3706@wayne.edu (7-8587) or Wendy Wu @ ab6840@wayne.edu (7-0586)		

Room Requested

Room 111 Statpleton Room (Conference Table/Full Media Support seats 30)
Room 112 Lab Room (Seats 24 - 10 Computers/14 additional seating/Full Media Support)
125 Conference Room (Conference Table/Full Media Support seats 16)
Support Required

For Office Use Only
Booked by _____
Date Booked _____
Confirmation Number _____