

CSTAR Booking Request Form

Please email this form and a detailed agenda to: CSTARinfo@lhsc.on.ca

CONTACT INFORMATION		
	Person(s) booking the event	Person(s) on site during the event
Contact Name		
Email		
Phone		
Organization/Department		

TYPE OF EVENT		
Choose all that apply	<input type="checkbox"/> Meeting <input type="checkbox"/> Lecture <input type="checkbox"/> Manikin based simulation <input type="checkbox"/> Procedural skills stations	<input type="checkbox"/> Wet lab <input type="checkbox"/> Research project <input type="checkbox"/> In situ Simulation <input type="checkbox"/> Other: _____

EVENT INFORMATION																												
Event Name																												
Requested date(s) and time(s)	<p>Please attach a detailed agenda when submitting this form</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Date</th> <th style="width: 33%;">Start Time</th> <th style="width: 33%;">End time</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Start Time	End time																								
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Participants	<input type="checkbox"/> Surgical residents <input type="checkbox"/> Non-surgical residents <input type="checkbox"/> Physicians (non-surgical) <input type="checkbox"/> Surgeons <input type="checkbox"/> Medical students <input type="checkbox"/> RN, RPN <input type="checkbox"/> Allied health (RT, PT, OT, etc) <input type="checkbox"/> Other: _____																											
Total people on site	Number of participants: _____ Number of event staff (instructors/support staff): _____																											
Have you held this event at CSTAR before?	<input type="checkbox"/> Yes — date of last session: _____ <input type="checkbox"/> No																											

OTHER INFORMATION	
Will your event be catered?	<input type="checkbox"/> Yes; CSTAR to arrange catering <input type="checkbox"/> Yes; booking contact to arrange catering <input type="checkbox"/> No
Will industry/outside resources be involved?	<input type="checkbox"/> Company — please specify: _____ <input type="checkbox"/> Resource — please specify: _____ <input type="checkbox"/> No
Is your event offered on iLearn or ME?	<input type="checkbox"/> Yes — CSTAR to create offerings <input type="checkbox"/> Yes — booking contact to create offerings <input type="checkbox"/> No

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SUBMIT FORM