**HCCL Room Booking**

Date of booking submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lab/Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email/NSID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduating Class Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AUP #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Details:**

Animals Required (live/cadaver/sim): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RVT Support Needed: 🔲Yes 🔲No Number if Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of Lab (in hours): \_\_\_\_\_\_\_\_\_\_\_\_ Room(s) Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Booking Preferences:

|  |  |  |
| --- | --- | --- |
| Preference 1 | Preference 2 | Preference 3 |
| Date: | Date: | Date: |
| Start Time: | Start Time: | Start Time: |
| End Time: | End Time: | End Time: |

**Please send** **form along with** **completed “Equipment and Consumables Request Form” to** [**wcvm\_labtech@usask.ca**](mailto:wcvm_labtech@usask.ca)**.**

HCCL USE ONLY

Equipment/Models Booked  Consumables Ordered Estimate Provided

Invoiced Equipment Returned HCCL RVT assigned for organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOB admission needed. Y/N FOB entry assigned?

**Equipment & Consumables Request Form:**

Equipment:

|  |  |
| --- | --- |
| Item Description | Quantity |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Consumables Needed from HCCL (will be charged):

|  |  |
| --- | --- |
| Item Description | Quantity |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Please list consumables that the club is providing: |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |