

Faculty of Health Sciences  
Farncombe Booking Request Form

Email: [bookfhs@mcmaster.ca](mailto:bookfhs@mcmaster.ca)

Date Requested:

**Requester Info**

Name:  Dept:

Phone/Ext:  Office Address:

Email:  Program:

Event/Course:

Host/Instructor:  Phone/Ext:

Purpose:

One Time Booking

Date:  Start Time:  End Time:  # of Attendees:

**(Please ensure that adequate time is booked for set-up/take-down of furniture, if required)**

Recurring Booking

Daily  Weekly  Monthly

Start Date:  End Date:  Start Time:  End Time:

Comments:

Furniture Setup Required:  Yes  No Account #:

# of Poster Boards:  # of Tables:  # of Chairs:  # of Flip Charts:  # of Sign Stands:

\*\*\*Please refer to Farncombe Atrium Booking Guidelines for additional details on proper utilization of space\*\*\*

Print Form

Submit by Email