

FACULTY OF HEALTH SCIENCES
Ewart Angus Centre Booking Request

Requestor Information

Name: Phone:
 Address:
 McMaster Program: Email:

External Organization Name:

Vendor Permit #:
 Alternate Contact: Alternate Phone:

Non for Profit Organization: Yes No
 McMaster Student Union: Yes No

EOHS Approval: Yes No
 (studentevents.mcmaster.ca)

Name/Title of Event: # of People Attending:
 Date(s) of Request: Time(s):

Other Details:

Furniture

Setup Required: Yes No
 # of Tables: # of Chairs:
 # of Poster Boards:

Account # or Method of Payment:
 (Must be provided)

Catering

Required: Yes No
 If yes contact: *Paradise Catering ext. 24836 or email catering@mcmaster.ca or Preferred Catering ext. 73549 or email preferredcatering@hsc.ca*

AV

Required: Yes No
 If yes, email: *csuav@mcmaster.ca*

For Internal Use Only:

Approval:

Corporate Services: Date:
 Fire Marshall: Date:

Notification/Confirmation of Event Sent To:

Requestor Date:
 Furniture Moves Date:
 Housekeeping Date:
 Security Date: