



**Faculty of Health Sciences  
MDCL Boris Family Boardroom Booking Request Form  
MDCL 5104**

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

Date Requested:

**Requester Info**

Name:	<input type="text"/>	Dept:	<input type="text"/>
Phone/Ext:	<input type="text"/>	Office Address:	<input type="text"/>
Email:	<input type="text"/>	Program:	<input type="text"/>
Event/Course:	<input type="text"/>		
Host/Instructor:	<input type="text"/>	Phone/Ext:	<input type="text"/>
Purpose:	<input type="text"/>		

One Time Booking

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

**(Please ensure that adequate time is booked to receive and remove any catering, if applicable)**

Recurring Booking

Daily  Weekly  Monthly

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

Mosaic Chartfield:

\*\*\*Please refer to Boris Family Boardroom Booking Guidelines for additional details on proper utilization of space\*\*\*