

**REQUEST FOR EXTERNAL ROOM BOOKING**

**Tel: (416) 424-3851**

**Fax: (416) 425-6591**

Please complete and return the following form by mail or fax. Include ALL details of your upcoming event(s). A copy of the registration form/invitation/advertisement MUST be included with this form. Each form represents 1 (one) event – please use a separate form for each event.

Private  Non Profit  Other  – Please describe \_\_\_\_\_

Organization Name/Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Event Coordinator \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Program Outline: (describe your organizations involvement; purpose of event/meeting/course/conference etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Room(s) Requested: \_\_\_\_\_

Requested Date(s): \_\_\_\_\_

Time: \_\_\_\_\_

Planned Attendance: \_\_\_\_\_

Parking Requirements: \_\_\_\_\_

Audio/Visual Requirements: (specify all needs – fees not included in price of room)

LCD  DVD/VHS  Lapel Mic  Flip Charts  How Many

Hand Held Mic  Document Camera

Will you require an on-site AV Technician? (services/fees not included in the price of room):

Yes  No



Catering Requirements:

Yes  No

If yes, please indicate:

Registration (coffee/muffins etc)

AM/PM Breaks

Lunch (buffet/sit-down)

Dinner (buffet/sit down)

Please specify room setup/needs: (registration table/chairs, theatre style, seminar or classroom style, special needs, etc)

Rounds  How Many \_\_\_\_\_  
Panel Table

Rectangular  How Many \_\_\_\_\_  
Podium

Would you like linen for:

Registration Table  Food Table  Meeting Tables

Will you be inviting the media to the event or promoting the event through the media?

Yes  No

Will you be charging a registration fee? (a copy of the registration form/invitation/advertisement etc MUST be submitted with this form)

Yes  No

Other Considerations: (Room Signage, display areas, storage, etc.)

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Signature of Event Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

All requests are subject to approval by Bloorview Kids Rehab. Please fax this form to Stephanie Maybee at 416-425-6591.

Bloorview Kids Rehab Use ONLY

Date Requested: \_\_\_\_\_ Room(s) Requested: \_\_\_\_\_

Signature of Approval: \_\_\_\_\_

Date: \_\_\_\_\_

