

The online form is to be used by Internal University Departments for University non-course requests only.

- Contact Name
- \* Department/Faculty
- \* University of Toronto Email Address
- \* University of Toronto Contact Phone

Preferred Contact Number

- \* Event Name
- \* Event Type
- \* Topic:
- **\*** Speakers(s):
- \* Any Video/Film shown?
- \* Open to public

\* Will Refreshments be served? Food and beverages are not allowed in our classrooms; please contact us for alternate options.

- \* Admission to be charged?
- \* No Of Attendees Expected
- \* Date(s) Required
- Start Time(s) Required
- \* End Times(s) Required
- \* Rooms Required Please indicate which rooms: Semina
- Lounge, or both

Comment

(such as special requirements or more information regarding event)

You will receive an email copy of this request after you submit it.

Ext. Other (specify)	ity Departments for Univ	ersity non-course requests only.
		•
✓ Other (specify)	Ext.	
• Other (specify)		
▼ Other (specify)		
▼ Other (specify)		
	▼ Other	(specify)

Any Video/Film shown?

0	Yes	$\bigcirc$	No
	103		110

Open to public

○ <sub>Yes</sub> ○ <sub>No</sub>

Will Refreshments be served? Food and beverages are not allowed in our classrooms; please contact us for alternate options.

O	Yes	O	No

## Admission to be charged?

	○ <sub>Yes</sub> ○ <sub>No</sub>		
ar Room,			
# Fund Centre	Cost Centre/IC	Fund	GL



A separate confirmation will be sent from our office once your request has been processed, or we will contact you with any questions we might have regarding the request.

\* Indicates Fields are Mandatory