

CSTAR Booking Request Form

Please email this form and a detailed agenda to: CSTARinfo@lhsc.on.ca

CONTACT INFORMATION		
	Person(s) booking the event	Person(s) on site during the event
Contact Name		
Email		
Phone Number		
Department / Organization		
Date of the Application		

EVENT INFORMATION		
A. Type of event Choose all that apply	 Meeting (not learning based) Lecture Manikin based simulation Procedural skills stations Wet lab 	 Research project In situ Simulation Audiovisual Recording Only Other:
B. Event name		
C. Event date(s) and time(s). List All		
	□ Surgical residents	Medical students
D. Type of participants	□ Non-surgical residents	🗆 RN, RPN
Choose all that apply	Physicians (non surgical)	□ Allied health (RT, PT, OT, etc)
	□ Surgeons	□ Other:
E. Total people on site	Number of participants:	
	Number of event staff (instructors/support staff):	
F. Have you held this	Yes — date of last session:	
event at CSTAR before?	□ No	

OTHER INFORMATION		
A. Catering	□ Yes; CSTAR to arrange catering	
	Yes; booking contact to arrange catering	
	□ No catering	
B. Industry involvement or outside resources	Company – please specify:	
	Resource – please specify:	
	No industry involvement or outside resources	
C. iLearn or ME offerings	□ Yes; CSTAR to create offerings on iLearn/ME	
	Yes; booking contact to create offerings on iLearn/ME	
	□ No; I don't want the event to be offered on iLear/ME	

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