

In Person Scheduling Request FormComplete and return form to kim.clark@hsc.utah.edu**Purpose of room reservation:**

Instruction

Research

Clinical Care

Special Event*

Event Name:	
Date(s)/Day(s) of event	
Time	
# of attendees/participants	
Explanation for request of in-person event	
Event contact:	
Email address:	
College/School/Department:	

Attestation

This meeting follows the requirements for in-person meetings for [research](#), [instruction](#), or [clinical care](#).

*Requires submission of an Event Planning Request. See Event Planning Guidance <https://coronavirus.utah.edu/wp-content/uploads/sites/2/2020/11/Guidance-for-Event-Planning-as-of-12.17-HH.pdf>