

ASTEC ROOM RESERVATION FORM
Inova Educational Partner

Date of Request: _____ OU/Dept. Name: _____

Contact Name: _____ Phone Number: _____ Dept. Cost Code: _____

Event/Meeting Description: _____

Event Date/s: _____

Start Time: _____ End Time: _____ Number of Participants: _____

Requested Space

- _____ Entire Facility
- _____ OR #1
- _____ OR #2
- _____ Central Skills Area
- _____ PreOp / PACU Bays
- _____ Classroom (28 seats)

Fees Per Event

\$500

_____ Weekend and Evening Surcharge

\$500

Additional Services

- _____ Lab-specific Disposable Acquisition
- _____ Catering
- _____ Supplemental AV Support
- _____ Curriculum Development
- _____ Research Proposal Development

TBD

TBD

\$50/hour (4hr min)

\$75/hour

\$50/hour

Reservation Forms should be scanned and submitted by email to: larry.walker@inova.org or crystal.reed@inova.org

ASTEC USAGE TRACKING FORM

Event Date: _____ Department/Organization: _____

Event/Meeting Description: _____

Number of Participants: _____

Type of Participant (*Please list the number of participants from each category*):

_____ Surgeons in Practice

_____ Physicians

_____ Residents

_____ Medical Students

_____ Nurses

_____ Other Allied Health Professionals (please specify) _____

_____ Other (please specify) _____

Number of Instructional Hours during this Meeting/Event: _____

Learning Domain for the Activity (check all that apply):

_____ Cognitive (knowledge, comprehension and critical thinking)

_____ Psychomotor (manual dexterity, perception and utilization of instrumentation)

_____ Affective (application of professionalism and effective communication)

_____ Team Training (teamwork skills, decision making and/or team strategies)

Assessments/Evaluations (check all performed):

_____ Learning

_____ Performance & Outcomes

_____ Faculty

_____ Continuous Improvement of Education & Training Programs

PLEASE SUBMIT THIS FORM WITH THE ASTEC ROOM RESERVATION FORM

ASTEC Equipment List – Addendum to Scheduling Form

Name of Lab:

Date of Lab:

Vendor Supporting Lab (Company Name):

Vendor Contact Information:

Name:

Phone Number:

Equipment/supplies provided by Vendor:

Equipment/supplies provided by ASTEC:

Equipment/supplies provided by Faculty:

“Please check this box and sign here if you do not need any resources from ASTEC”
