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| **University of Arkansas Medical Science Room Request Form  Send this request via email to:** [**ReserveRoom@uams.edu**](mailto:ReserveRoom@uams.edu) **Deadline:** | | | | | |
| **Course Number:** **Course Name:** | | | | | |
| **Requesting Faculty:** **Semester/Year:**  **Additional faculty:** | | | | | |
| **Request Type:**  Original Request  Change **Submission Date:** | | | | | |
| **Telecom Sites:**  Batesville  El Dorado  Fayetteville  Fort Smith  Helena  Jonesboro  Magnolia  Mt. Home  Pine Bluff  Texarkana  **If telecom does this conference need to be recorded?**  Yes  No | | | | | |
| **Please Mark Audio Visual Equipment Needed** | | | | | |
|  | Apple TV | Computer | Microphone | Turning Point |  |
|  | AV Tech & Time Needed \_\_\_\_\_\_\_ | Data Projector | Webcam | Turning Point Clickers | |
|  | Close Wall | Document Camera | Collaborate | Video Conferencing |  |
|  | Open Wall | Headsets | Record Event | N/A |  |
| **Other equipment:** | | | | | |
| **Notes:** | | | | | |

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| **Day** | **Date** | **Time** | **Room Requested** | **Room Assigned** | **Head Count** | **Course Type:** | **Course Mode** |
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***Course Type: ATI Exam, Exam, Lab, Lecture, NBME, Orientation, Practicum***

***Course Mode: Face-to-Face, Telecom (IVN)***