

### NON-CLINICAL BOOKING FORM

**EVENT INFORMATION** \*Bolded fields are required

**Type of Event:**  Meeting  Education  Case Conference  Discharge Planning

**Event Name:**

**Event Date**  **Start Time (24hr)**  **End Time (24hr)**

Recurrence: (12 month maximum for recurring events)

Once Only  Daily  Weekly  Monthly  Other

Start Date of Recurring Event  End Date of Recurring Event

**Contact Person**  **Phone:**  **Email:**

Scheduling Template Required:  (For self schedulers only)

**HOST/PRESENTER SITE INFORMATION**

**Site:**  **Room/Codec VCU#:**  # of Attendees (Approx)

Presenter  Phone:  Email:

Open Registration:  Yes  No If yes, sites will be able to self-register for your event

Will a laptop be used the during event?  Yes  No If Yes, ensure it is tested prior to the event (Laptops not provided by MBT)

**ATTENDEE/PARTICIPATING SITE INFORMATION**

**Connection Type (Choose one)**  Site to Site Event (Complete information below)  Multi-Site Event (Complete Page 2)

**Site:**  **Room/Codec VCU#:**  # of Attendees (Approx)

**Contact Person:**  **Phone:**  **Email:**

Notes/Additional Comments:

For cancellations or changes to your event contact the MBT Schedulers at 1-866-667-9891 (Option 2) or schedule@mbtelehealth.ca. For cancellations or changes that occur after 12:00 noon the day prior to your event, the MBT Schedulers must be contacted by phone.

**\* Cancellation:** A minimum 24-hour advance notice of cancellation is required. Cancellation with less than 24-hour advance notice will result in a charge equal to the first hour charges per site. Should no participants attend a scheduled session, related charges will still apply. MBTelehealth will not be responsible for costs or inconvenience incurred in the event of cancellation due to technical or scheduling difficulties.

### NON-CLINICAL BOOKING FORM - MULTI-SITE CONTACT INFORMATION

Event Name:  Event Date

**ATTENDEE/ PARTICIPATING SITE INFORMATION**

**Site 1:**  Room/Codec VCU#:  # of Attendees (Approx):

**Contact Person:**  **Phone:**  **Email:**

**Site 2:**  Room/Codec VCU#:  # of Attendees (Approx):

**Contact Person:**  **Phone:**  **Email:**

**Site 3:**  Room/Codec VCU#:  # of Attendees (Approx):

**Contact Person:**  **Phone:**  **Email:**

**Site 4:**  Room/Codec VCU#:  # of Attendees (Approx):

**Contact Person:**  **Phone:**  **Email:**

**Site 5:**  Room/Codec VCU#:  # of Attendees (Approx):

**Contact Person:**  **Phone:**  **Email:**

**Site 6:**  Room/Codec VCU#:  # of Attendees (Approx):

**Contact Person:**  **Phone:**  **Email:**

**Additional Locations (include same info as above):**

**BILLING INFORMATION**

Contact Person:  Organization:

Address:  Department:

Cost Centre/Grant #:  Phone:  Fax:

Email: