Event Request Form for Shands Auxiliary Conference Center (SACC)

Primary Contact Name:

Title/Position:

Company or Department:

Address:

Phone (office): Phone (cell):

E-mail:

Title of Event:

Anticipated number of attendees:

Requested Date(s): For events longer than three days, please use additional request forms:

Date: Start Time End Time

Room Requested: 1204 1205 Combined (1204 & 1205)

Purpose of Event:

__________________________________________________________________________________

__________________________________________________________________________________

SACC supports the mission of Shands Healthcare by making space available to Shands and community groups for educational and community meetings, programs and events. Please provide a brief description as to how your event will support this mission:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Please return the completed form to the SACC Coordinator by email:

**SACC Coordinator:**

Peggy Foreman
Phone: 352-733-1200
Email: foremp@shands.ufl.edu

**Office Location:** Shands Hospital North Tower, Suite G1-008
VP/Hospital Chief of Staff/AVP Department of Operations III/
AVP Department of Operations Patient Services
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Gainesville, FL 32610

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Email: mitccm@shands.ufl.edu