

**PSYCHOEDUCATIONAL RESEARCH & TRAINING CENTRE
BLOCK BOOKING REQUEST FORM**

Submitted To: Dr. William McKee, Director
 Psychoeducational Research and Training Centre
 Faculty of Education, UBC, Room 1100, 2125 Main Mall

From: _____

Class: _____ Section: _____ TERM(S): _____

DAY(S): _____ TIME: _____

Date of Request: _____

2 hrs per/wk for each 3 credit class using max. of 5 rooms or combination totaling 10 rooms

| Days requested (circle) | Times Regular Hours: Monday thru Thursday 9 am to 8 pm; Friday 9 am to 4 pm | Number of Rooms (Maximum 5) |
|------------------------------------|--|--|
| M T W R F | | |
| M T W R F | | |
| M T W R F | | |

E-mail: _____

Phone number(s): _____

Signature: _____