

**Shands Auxiliary Conference Center (SACC)
Event Request Form**

User Information

Primary Contact Name: _____

Title/Position: _____

Company or Department: _____

Address: _____

Phone (cell): _____ Phone (office): _____

Primary Contact Email: _____

Title of Event: _____

Requested Date(s) - for events longer than 3 days, please use additional request forms:

Date _____ Start Time _____ am pm

End Time _____ am pm

Date _____ Start Time _____ am pm

End Time _____ am pm

Date _____ Start Time _____ am pm

End Time _____ am pm

Room Requested: 1204 1205 Combined (1204 and 1205)

Purpose of Event (no more than two sentences):

The Shands Auxiliary Conference Center (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 - including purpose of revenue, if any - below as to how your event will support this mission (no more than 4 sentences):

Please return the completed form to the SACC Coordinator, Josh Wilson:

Shands Hospital South Tower, Suite 23-C1
1515 SW Archer Road
Gainesville, FL 32608
Phone - 352.733.1706 Fax - 352.733.1707
jwils@ufl.edu