Blinn College Health Science Center Anatomage Table Request Form

Instructions: Please fill out the following form to request space and time for use of the Anatomage Table.

The table will be house in the 2600 Classroom Suite where space can be requested the table in some cases can be transported to a specific lab or classroom.

Send to following email: <u>blinnsimcenter@blinn.edu</u>

Request should be submitted two weeks prior to requested date if at all possible.

Date Requested:			
Date(s) needed:			
Faculty Name:	Office Phone:	email:	
Program: □ EMS □ AD	ON □ VOCN □ RAD	□ PTA □Other	
Course Name and Number	:		
Number of Students:			
Hours Requested: <u>From</u> :	<u>To</u> :		
Location Requested: (Expl	anation)		
Additional Information:			
Have you received training	prior to request or sche	eduled use of the Anato	omage table:
□ Yes □ No			
If No, please email sami.ral	hman@blinn.edu for de	monstration and to re	quest time for