

Simulation Center

Change/Cancellation Form for Scheduled Events

Cancellation of Event:

1. Title of Event: _____

2. Event ID number (provided when submitting initial web-request): _____

3. Original Date of Event: _____

4. Reason for Cancellation: _____

Change to Scheduled Event:

1. Title of Event: _____

2. Event ID number (provided when submitting initial web-request): _____

3. Date(s) Effected by Change: _____

4. Summary of original event needs:

5. What changes are to be made to original event (space, equipment, needs of event)

6. Contact information: _____

Cancellations and changes are subject to the policies and procedures of the simulation center.

*** For problems email the Simulation Center at: simulationcenter@iuhealth.org