

# Centre for Intelligent Antenna and Radio Systems

## Booking Request Form

*Project Title:*

Request # (CIARS use only): 

*User (full name):*

*User ID #:*

*Additional Authorized Attendees:* 

*Supervisor:*

*Planned start date*

*Estimated end date:*

## Experimental Plan

• *Device(s) under test:* 

• *Types of measurements:* 

• *Highlights/additional comments:* 

• *Illustration of experimental setup attached:* Y      N

• *Major equipment needed:* 

• *Health and safety considerations:* 

I, the USER, understand that I must use CIARS equipment and facilities responsibly, and will report any damage or incidents.

*\*Reservations require at least 72 hours' notice to ensure all relevant resources are available and ready for use.*

*Booking Request Forms will be reviewed in tandem with Supervisory Approval Forms.*

Request submission date:

CIARS approval date: