

Conference Room Scheduling Request Form

Applicant Information

Organization Name:

Authorized Organization Agent:

Title:

Today's Date:

Email:

Phone:

Address:

City:

State:

ZIP Code:

Purpose of Event/Meeting *(attach any promotional materials)*

Meeting Information

Meeting/Event Name:

Start Date:

End Date:

Approximate number of attendees:

Start Time:

End Time:

Conference Room Information *(refer to Conference Room Policy for room set up options)*

(✓)	ROOM	(✓)	ROOM
	Western Reserve Room		Jack Wean Executive Board Room
	River Conference Room		The Hatch

Western Reserve Room Details

Set Up Style <i>(please check one)</i>	Stage Set Up <i>(please complete)</i>	(✓)	Other
<input type="checkbox"/> Theatre <input type="checkbox"/> Classroom <input type="checkbox"/> Horseshoe <input type="checkbox"/> Banquet	<input type="checkbox"/> Podium Tables # _____ Chairs # _____		Registration Table # _____
			Resource Table # _____

Presentation Equipment

- Microphones: handheld (2 available) 55" sidewall monitors
 Lapel microphone Laptop (Mac users must provide own adapter/cable)
 Power point/screen

Food Service *(Catering kitchen only available for catered events – see Conference Room Policy)*

(✓)	MEAL	CATERER/DELIVERY SERVICE	DELIVERY TIME
	Breakfast		
	Lunch		
	Dinner		

Special Instructions

Fee/Payment Information:**Western Reserve Room**

(✓)	Organization Annual Budget	1 – 4 hours	4 – 8 hours	After Hours Fees	Total amount
	0 – \$5,000	\$0	\$0	\$25	
	\$5,001 - \$25,000	\$25	\$50	\$50	
	\$25,001 - \$100,000	\$50	\$75	\$50	
	\$100,001 - \$500,000	\$75	\$125	\$50	
	\$500,001 or greater	\$150	\$250	\$50	

Payment is due 10 days prior to event start date.**Agreement:****Please initial:**

- _____ I authorize and verify that the information provided on this form is true and accurate.
- _____ I have received a copy of the Conference Room Policy along with this application and agree to all of the policies stated therein.
- _____ I acknowledge and agree that the use of The Raymond John Wean Foundation facility is undertaken at my own risk. Neither the Foundation nor any of its directors, officers, or employees are responsible for any injury, lost or stolen property of user or its attendees on the Foundation property, or for the theft or damage to vehicles parked at or near the Foundation's property.
- _____ I agree to pay the Foundation for use of the facility according to the terms stated on this agreement.
- _____ I acknowledge that the agreement for the use of the conference room(s) neither constitutes an endorsement nor recommendation by The Raymond John Wean Foundation of my organization's beliefs, policies or programs.
- _____ I have enclosed a Certificate of Insurance as requested. We agree that no mention of **The Raymond John Wean Foundation** will appear in the title of the event or in any written or web based materials or media relations beyond indicating the location of the event or the name of the building/room.

Signature of Authorized Organization Representative:**Date:****Signature of the Administrative and Facilities Manager****Date:**

When cancelling any reservation, refunds do not include any penalties assessed by event caterers and/or other vendors and are honored as follows:

Days prior to meeting/event:

10 days or greater	100%
9 – 6 days	50%
5 or less	No refund

Please submit completed form to:

The Raymond John Wean Foundation
ATTN: Administrative and Facilities Manager
147 West Market Street
Warren, Ohio 44481
Phone: 330.394.5600
E-mail: jking@rjweanfdn.org

FOR OFFICE USE ONLY

- Entered into Calendar
- Confirmation Letter Sent _____
- Invoiced _____ / Rec'd _____ Check # _____
- CC Processed _____
- Reimbursement Req'd _____
- Event set-up and tear down _____