

Conference Room Request Form

Applicant Information

Organization Name:		
Authorized Organization Agent:		Title:
Today's Date:	Email:	Phone:
Address:		
City:	State:	ZIP Code:

Purpose of Event/Meeting *(refer to Conference Room Policy for restrictions)*

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Meeting Information

Meeting/Event Name:		
Start Date:	End Date:	Approximate number of attendees:
Set up Time:	Start Time:	End Time:

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

(✓)	ROOM	(✓)	ROOM
<input type="checkbox"/>	Western Reserve Room (cap 80)	<input type="checkbox"/>	The Hatch (cap 12)

Western Reserve Room Details

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

Presentation Equipment

<input type="checkbox"/> Microphones: handheld (2 available)	<input type="checkbox"/> 55" sidewall monitors
<input type="checkbox"/> Lapel microphone	<input type="checkbox"/> Laptop (Mac users must provide own adapter/cable)
<input type="checkbox"/> Power point/screen	

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

(✓)	MEAL	CATERER/DELIVERY SERVICE	DELIVERY TIME
<input type="checkbox"/>	Breakfast		
<input type="checkbox"/>	Lunch		
<input type="checkbox"/>	Dinner		

Special Instructions

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Fee/Payment Information:

Western Reserve Room					
(✓)	Organization Annual Budget	1 – 4 hours	4 – 8 hours	After Hours Fees	Total amount
<input type="checkbox"/>	\$0 - \$25,000	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
<input type="checkbox"/>	\$25,001 - \$100,000	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75	<input type="checkbox"/> \$50	
<input type="checkbox"/>	\$100,001 - \$500,000	<input type="checkbox"/> \$75	<input type="checkbox"/> \$125	<input type="checkbox"/> \$50	
<input type="checkbox"/>	\$500,001 or greater	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$50	

Agreement:

Please initial:

- _____ I authorize and verify that the information provided on this form is true and accurate.
- _____ I have reviewed the Conference Room Policy 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 will provide a Western Reserve Room Certificate of Insurance, if applicable, with my payment.
- _____ 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.
- _____ 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 Foundation Staff:	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
147 West Market Street
Warren, Ohio 44481
Phone: 330.394.5600
E-mail: admin@rjweanfdn.org

FOR OFFICE USE ONLY

- Entered into Conference Room Database
- Confirmation Email Sent _____ Check # _____
- Invoiced _____ / Rec'd _____
- CC Processed _____
- Reimbursement processed _____