

Chapman Center Meeting Room Reservation Request

This form must be completed to the use of the conference rooms in the Chapman Center and is subject to the terms set forth in the Conference Room Reservation procedures of Community Hospice. A copy of your request will be sent to Jennifer Walker for review and approval. It is our goal to respond to every request within 48 hours. **View procedures here.** [Conference room reservation procedures.doc](#). Procedures apply to Business Workdays (limited support is available on holidays and weekends).

Meeting Owner

Each meeting owner is responsible for the protection of the furniture and equipment for their meeting. Rooms should be inspected by meeting owner before and after meeting. Room/equipment set up should not be changed, unless otherwise indicated below.

Name of Organization or Group Requesting Meeting Space:				
Title & Purpose of Meeting:				
Contact Information of Person or Persons Requesting Meeting Space:				
Contact Name				
Preferred Method of Contact:		Phone Number: _____		
<ul style="list-style-type: none"> - Phone - Email 		Email address: _____		
Secondary Contact Name (if applicable)				
Preferred Method of Contact for Secondary Contact:		Phone Number: _____		
<ul style="list-style-type: none"> - Phone - Email 		Email address: _____		
Meeting Information:				
Date of Meeting				
Start Time of Meeting:		End Time of Meeting:		
Number of Guests Attending				
Start and End time for setting up/taking down meeting		Start Time: _____ End Time: _____		
Will this be a Recurring Meeting? (choose one)		Yes	No	
If yes:				
Meeting Time Start:		_____		
Meeting Time End:		_____		
Duration of Meeting:		_____		
Recurrence Pattern (choose one):		Daily	Yes	No
		Weekly	Yes	No
		Monthly	Yes	No
		Yearly	Yes	No

Day of Week Meeting will Recur (choose one):	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Range of Occurrence:	Start Date: _____ No End Date: <input type="checkbox"/> Yes <input type="checkbox"/> No End Date End after ____ (# of occurrences) Occurrences End by: _____

Room Requested: All rooms are currently set up classroom style, if you prefer the room be set up differently, please indicate how you wish the room or rooms to be arranged.

Room A (25 maximum number of people)	
Room B (25 maximum number of people)	
Room C (25 maximum number of people)	
Board Meeting Room (16 maximum number of people) – Board Meeting Room set up cannot be changed. No food or beverages will be allowed in the Board Meeting Room.	

Equipment Requests:
All rooms are equipped with a Cisco Speakerphone and a PC with PowerPoint. If you do not know how to use any of the needed equipment, please schedule the IT department 72 hours in advance for training. It will be the user's responsibility to know how to use PowerPoint and set up their own web conferences. Each computer in the locations above has PowerPoint 2007, as well as the necessary add-ins for WebEx. DVD movies are set up to be played from the computers.

Flip Chart (requester is required to provide their own markers) (please choose one)	Yes	No
Microphone (please choose one)	Yes	No
Wireless Mouse (please choose one)	Yes	No
Wireless Keyboard (please choose one)	Yes	No
Star Phone (please choose one)	Yes	No
IT Requests (please specify in the space provided below)***	Yes	No
Other (please specify):		

Beverage Requests:

Coffee – Regular & Decaf (please choose one)	Yes	No
Water (please choose one)	Yes	No

Catering Kitchen

Will access to the Catering Kitchen be needed?	Yes	No
Use of Refrigerators Required? (please choose one)	Yes	No
Use of Warming Oven Required? (please choose one)	Yes	No

IT Requests:***
