

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:	
(1 hour will be added to the start time for setup)		(1 hour will be added to the end time for cleanup)	
Number of Guests Attending			
Will this be a Recurring Meeting? (choose one)		Yes	No
If yes, 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	Yes	No
Microphone	Yes	No
Wireless Mouse	Yes	No
Wireless Keyboard	Yes	No
Star Phone	Yes	No
IT Requests (please specify in the space provided below)***	Yes	No
Other (please specify):		

Beverage Requests:

Coffee – Regular	Yes	No
Coffee – Decaf	Yes	No
Water	Yes	No

Catering Kitchen

Will access to the Catering Kitchen be needed?	Yes	No
Use of Refrigerators Required?	Yes	No
Use of Warming Oven Required?	Yes	No

IT Requests:***
