

Chapman Center Meeting Room Reservation Request

In accordance with CDC recommendations, we've adjusted the number of people allowed in a meeting/group to 15 or less. We appreciate your patience as we navigate through this pandemic.

This form must be completed for the use of the conference rooms in the Chapman Center and is subject to the terms set forth in the Conference Room Reservations procedures of Community Hospice & Palliative Care. 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. The Chapman Center hours of operation are Monday-Friday, 8:00 AM to 6:00 PM. We will make exceptions to the hours of operation for a group that meets in the evening provided they complete the form and are approved. Cost of using the rooms: 1-2 rooms \$50, All three conference rooms \$100.

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 their 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:
Primary Contact Name:
Preferred Method of Contact:
<ul style="list-style-type: none">• Phone:• Email Address:
Secondary Contact Name (if applicable)
Preferred Method of Contact:
<ul style="list-style-type: none">• Phone:• Email Address:

Meeting Information:			
Date of Meeting:			
Number of Guests Attending:			
Start Time of Meeting: (1 hour will be added to the start time for setup)		End Time of Meeting: (1 hour will be added to the end time for cleanup)	
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 the 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:		
	End Date:		
	End after _____ (# of occurrences)		
	End by:		
Room Requested: All three rooms are currently open and will remain open for use with proper social distancing. Tables are arranged allowing one person per table to ensure proper social distancing. Social Distancing Floor Decals are placed on the floor of the conference room in the event the meeting does not require seating at the tables.			
Room A (15 or less maximum number of people allowed)			
Room B (15 or less maximum number of people allowed)			
Room C (15 or less maximum number of people allowed)			
Board Meeting Room (8 maximum number of people allowed) Board Meeting Room setup 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 require the use of our equipment, an IT Department representative from our organization will be on site for your meeting. Each computer in the conference rooms has PowerPoint 2007 as well as the necessary add-ins for WebEx. DVD movies are set up to be played form the computers.		
Flip Chart	Yes	No
Wireless Mouse	Yes	No
Wireless Keyboard	Yes	No
Star Phone	Yes	No
Specific IT Requests (please specify in the space provided below)***	Yes	No
Other (please specify) _____ _____ _____ _____	Yes	No
Beverage Requests:		
Coffee - Regular	Yes	No
Coffee - Decaf	Yes	No
Water	Yes	No
Catering Kitchen (currently not available for use)		
Will access to the Catering Kitchen be needed?	Yes	No
Use of refrigerators required?	Yes	No
Use of warming over required?	Yes	No
IT Requests:***		

As of 10/26/2020
Revised due to COVID-19