|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | Conference Room  Request Form | | | | | | | |
| Applicant Information | | | | | | | | | | | | | | | |
| Organization Name: | | | | | | | | | | | | | | | |
| Authorized Organization Agent: | | | | | | | | | | | Title: | | | | |
| Today’s Date: | | | | | | Phone: | | | | | Email: | | | | |
| Address: | | | | | | | | | | | | | | | |
| City: | | | | | | State: | | | | | | | Zipcode: | | |
| Purpose of Event/Meeting (Refer to Conference Room Policy for Restrictions) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Meeting Information | | | | | | | | | | | | | | | |
| Meeting/Event Name: | | | | | | | | | | | | | | | |
| Start Date: | | | | End Date: | | | | | | Number of Attendees: | | | | | |
| Set up Time: | | | | | | Start Time: | | | | | | | End Time: | | |
| Conference Room Information | | | | | | | | | | | | | | | |
| (ü) | | **Room** | | | | | | | (ü) | | | | | | **Room** |
|  | | Western Reserve Room (120 cap) | | | | | | |  | | | | | | The Hatch  (12 cap) |
| Western Reserve Room Details (See Conference Room Policy for details) | | | | | | | | | | | | | | | |
| **Set up Style (Check one)** | | | | | | | | | **Stage Set up (if applicable)** | | | (ü) | **Other** | | |
| Classroom (80 cap) | | | Theatre (120 cap) | | | Horseshoe (25 cap) | | | Tables#  Chairs# | | |  | Registration Table# | | |
| Banquet (80 cap) | | | Pods (54 cap) | | | Conference (24 cap) | | |  | Resource Table# | | |
| Presentation Equipment | | | | | | | | | | | | | | | |
| Handheld Microphone (2 available) | | | | | | | | | 55” sidewall monitors (2 available) | | | | | | |
| Lapel microphone (1 available) | | | | | | | | | Laptop (Mac users must provide adapter/cable) | | | | | | |
| Projector/screen | | | | | | | | |  | | | | | | |
| Food Service *(Catering kitchen only available for catered events—see Conference Room Policy)* | | | | | | | | | | | | | | | |
| (ü) | **Meal** | | | | | | **Caterer** | | | | | | | | **Delivery Time** |
|  | Breakfast | | | | | |  | | | | | | | |  |
|  | Lunch | | | | | |  | | | | | | | |  |
|  | Dinner | | | | | |  | | | | | | | |  |
| Special Food Service Instructions | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Fee/Payment Information | | | | | | | | | | | | | | | |
| **Western Reserve Room** | | | | | | | | | | | | | | | |
| **Organization Annual Budget** | | | | | **1-4 hours**  **WAIVED FOR 2023**  **aiv** | | | | **4-8 hours** | | | **After Hours Fees** | | **Total Amount** | |
| Under $100,000 | | | | | $0 | | | | $0 | | | $0 | |  | |
| Over $100,000 | | | | | $75 | | | | $125 | | | $50 | |  | |
|  | | | | | | | | | | | | | |  | |
| Agreement: | | | | | | | | | | | | | | | |
| **Please Initial:**        I authorize and verify that information 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:**

**FOR OFFICE USE ONLY**

**The Raymond John Wean Foundation** Entered into Conference Room Database

**147 West Market Street Warren, Ohio 44481** Confirmation Email Sent:       Check #

**Phone: 330.394.5600** Invoiced:       / Rec’d:

**E-mail:** [**rjwfadmin@weanfoundation.org**](mailto:rjwfadmin@weanfoundation.org)Reimbursement processed:

|  |
| --- |
| **How did you hear about us?** |