



Conference Room Request Form

Applicant Information

Organization Name:

Authorized Organization Agent:

Title:

Today's Date:

Phone:

Email:

Address:

City:

State:

Zip Code:

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

Room	(✓)	Room	(✓)
Western Reserve Room (120 cap)	<input type="checkbox"/>	The Hatch (12 cap)	<input type="checkbox"/>

Western Reserve Room Details (Refer to Conference Room Policy for details)

Set up Style (Check one)	Stage Set up (if applicable)	(✓)	Other
<input type="checkbox"/> Classroom (60 cap) <input type="checkbox"/> Theatre (120 cap) <input type="checkbox"/> Horseshoe (20 cap)	Tables#	<input type="checkbox"/>	Registration Table#
<input type="checkbox"/> Banquet (80 cap) <input type="checkbox"/> Pods (38 cap) <input type="checkbox"/> Conference (24 cap)	Chairs#	<input type="checkbox"/>	Resource Table#

Presentation Equipment

☐ Handheld Microphone (2 available)

☐ 55" sidewall monitors (2 available)

☐ Lapel Microphone (5 available)

☐ Laptop (Mac users must provide adapter/cable)

☐ Tabletop Conference Microphone (4 available)

☐ Projector/screen

Food Service

(✓)	Meal	Caterer	Delivery Time
<input type="checkbox"/>	Breakfast		
<input type="checkbox"/>	Lunch		
<input type="checkbox"/>	Dinner		

Special Requests

☐ Bar Services & Alcoholic Beverages

☐ Other:

Fee/Payment Information				
Western Reserve Room				
Organization Annual Budget	1-4 hours	4-8 hours	After Hours Fees	Total Amount
<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	
<input type="checkbox"/> Over \$100,000	<input type="checkbox"/> \$75	<input type="checkbox"/> \$125	<input type="checkbox"/> \$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 I am reserving The Raymond John Wean Foundation facility for an allowable purpose. The event is not for commercial use, a party, fundraising event, political event, lobbying event or religious/sectorial ceremony, nor is this an event where there is a cost to attend or participate.

_____ 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 acknowledge and agree that in the event of damaged Foundation property during my reservation that my organization may be found responsible for the cost of property repairs or replacement.

_____ 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.

_____ I acknowledge that I must provide all event advertising materials for review and approval by the Foundation before finalizing the reservation.

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: operations@weanfoundation.org

FOR OFFICE USE ONLY

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

How did you hear about us? _____