

VCC Room Reservation Request Form

The **Virtualization and Collaboration Center (VCC)** is located on the fourth floor of the *Marie V. McDemmond Center for Applied Research*, gateway to the RISE Campus. The Center is comprised of two main rooms – the large room with a capacity of 36 people and the small room with a capacity of twelve. As a part of the Office of Information Technology (*OIT*), its mission is to provide an environment conducive for onsite and remote collaborations and visualization which will infuse excellence and innovation in a wide array of disciplines. The facility may be scheduled for special events. Please fill out the **VCC Room Reservation Request Form** **entirely** to determine room availability for your proposed event.

Rules, Regulations, Policies & Procedures regarding usage of the VCC at NSU

Please read the following rules, regulations, policies, & procedures for using either VCC room. To verify your understanding and acceptance of each one, place a check mark beside them. Failure to do so will result in your request being denied.

- The VCC hours of operation are from 8:30 am through 4:30 pm Monday through Friday (*All events are required to be finished by close of business*).
- There is a one week minimum lead time between the room request and your event.
- At least two (2) people must assist with room set-up (*Failure to supply required assistance may result in the cancellation of your event*).
- Set-up must be completed at least 24 hours before event (*The VCC staff will coordinate the set-up timing with your people*).
- Systems check must be completed at least 24 hours before event. A representative of your Department/Company must be attending (*The VCC staff will coordinate the set-up timing with your people*).
- Absolutely no food or drinks of any kind are permitted in either room of the VCC. (*Light refreshments can be set-up and consumed in the hallway area*) **Any changes must be approved by the VCC Manager.**
- Clean-up of the room(s) used (*including trash removal*) is the responsibility of the event requestors.
- If your event is approved, you will receive confirmation within 2 business days of your request.
- Norfolk State University reserves the right to cancel an event if the above rules, regulations, policies & procedures are not followed.
- If a fee is being charged for your event, payment to the VCC - equal to the appropriate room rental rate (*based on the VCC Room Rental and Usage Fees*) - must be made to the VCC Manager immediately after your event.

Room Being Requested: Large (*Capacity 36*) Small (*Capacity 12*)

Person Requesting Reservation

First Name Last Name Email address
Work Phone Cell Phone
Supervisor Supervisor Phone
Department - *If affiliated with Norfolk State University*
Status [Choose one . . .](#) (For 'Other')

If not affiliated with Norfolk State University:

Company/School Name
Street Address City State Zip

Person using the room (*If same as requestor, please check here*) OR:

I am requesting this reservation on behalf of:

First Name Last Name Email address
Work Phone Cell Phone
Supervisor Supervisor Phone
Department - *If affiliated with Norfolk State University*
Status [Choose one . . .](#) (For 'Other')

If not affiliated with Norfolk State University:

Company/School Name
Street Address City State Zip

Event Information

Name of Event

Type of Event (*Choose one*)

- Videoconference
- Lab/Training Special Event
- Workgroup/Meeting/Discussion
- Lecture
- Presentation
- Other (*Please describe*)

Date(s) of Event (*From*) (*Until*)

Time of Event (*From*) (*Until*)

Number of anticipated attendees

Equipment Information

Choose any additional equipment required

Document Camera

VCR Player

DVD Player

For Videoconference Only

Remote Site Information

Technician Contact First Name

Last Name

Remote Site Name

Email address

Phone number

IP address

Budget code

Place/Receive the video call (*Choose one*)

NSU to place the call

NSU to receive the call

Undetermined at this time

I have read and will abide by the **VCC Videoconference Policies & Procedures** found on the VCC website.

Yes No (*Choosing No will result in your request being denied.*)

Set-Up Information

A minimum of two people are required from the requesting Department/School/Company
(*See Rules, Regulations, and Procedures above*)

1) First Name

Last Name

Email address

Work Phone

Cell Phone

Department - *If affiliated with Norfolk State University*

If not affiliated with Norfolk State University:

Company/School Name

Street Address

City

State

Zip

2) First Name

Last Name

Email address

Work Phone

Cell Phone

Department - *If affiliated with Norfolk State University*

If not affiliated with Norfolk State University:

Company/School Name

Street Address

City

State

Zip

I will abide by all rules, regulations, policies, & procedures for usage of the Virtualization & Collaboration Center at Norfolk State University.

Yes **No** *(Choosing No will result in your request being denied.)*

When finished, click the Submit button to send this request to:

Mark Eulo

VCC Manager

meulo@nsu.edu 823-2657