

The L. Douglas Wilder Performing Arts Center  
at  
Norfolk State University  
700 Park Avenue Norfolk, Virginia 23504  
Phone (757) 823-2061 Facsimile (757) 823-2064

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**Meeting Room Reservation**

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Date Submitted: \_\_\_\_\_

Please Note: The undersigned, herein referred to as the applicant, hereby makes application for permission to use the facilities of Norfolk State University as noted below on the date(s) specified for the purpose or purposes indicated. This application will not be submitted for approval until all information requested on the application has been provided. Completion of this application is not a guarantee of facility use. A written space confirmation will be issued within two weeks of receipt of the completed Facilities Rental Application.

Name of Applicant/Organization: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Is the Organization (please check all that apply): A Corporation  A Partnership:  Non-Profit

Tax I.D. Number: \_\_\_\_\_ **If Tax exempt, please provide documentation.**

Please provide the following information for two principal officers of the sponsoring organization:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Is the sponsoring organization directly affiliated with Norfolk State University: Yes  No

If yes, what is the affiliation: \_\_\_\_\_

Primary contact and/or individual authorized to sign a rental agreement for the Wilder Center and **Email Address:**

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**Event Information:**

Please list the date(s) you wish to use The Wilder Center. List your first choice and an alternative:

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

Please provide a name and full description of the meeting or event:

**(OVER)**

Requested Move-in Date: \_\_\_\_\_ Move-in/Set-up time required:  
Number of performances: \_\_\_\_\_ Expected Attendance:  
Time: Doors Open: \_\_\_\_\_ Event Begins: \_\_\_\_\_ Event Ends:  
Please provide the names and telephone numbers of two business references:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Meeting Support Required:**

Please provide the following information about your meeting:

Meeting Room arrangement: Auditorium style (chairs no tables)  For how many?

Classroom (chairs and tables)  For how many? \_\_\_\_\_ Speaker's podium

Speaker's Table and Chairs  For how many?

Other:

**Equipment:** Please indicate the equipment you would like the Wilder Center to provide for your meeting.

An operator for the equipment is not included in the charge but can be arranged for an additional fee. Attach a separate sheet if necessary.

Video Cassette Player and Monitor  Overhead Projector  Projection Screen  Film Projector(16 MM)

Slide Projector ; Blackboard  Easel  Telephone line in meeting room  Teleconferencing

Other:

**Food Service:** All catering and concessions at The Wilder Performing Arts Center are under exclusive contract. All details relative to food and beverage must be coordinated through the Wilder Center staff. Ordering and delivery of "take out" food is prohibited.

Food Service Requested: Please provide type of food service and the number of meals needed.

Continental Breakfast for \_\_\_\_\_ Lunch for \_\_\_\_\_ Dinner for \_\_\_\_\_ Cold  Hot   
# in party # in party # in party

Reception for \_\_\_\_\_ Hors d'oeuvres Heavy  Light ; Beverage Service for \_\_\_\_\_  
# in party # in party

Other  
The applicant hereby represent that he/she has made a full and complete disclosure of all information that might be pertinent to the University's consideration of this application and that all of the above statements and information are true. We have read the University's Policies and Procedures and agree to it.

\_\_\_\_\_  
Authorized Signature of Applicant

\_\_\_\_\_  
Date

Applicant, please do not write in shaded area.

**Date received:** \_\_\_\_\_ **By:** \_\_\_\_\_ **LDW Approval Received:**  
**VP Apv. Received:** \_\_\_\_\_ **Confirmation Sent:** \_\_\_\_\_ **Deposit Received:**