

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

Meeting Room Reservation

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: _____

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 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:** _____