

L. Douglas Wilder Performing Arts Center

Norfolk State University

700 Park Avenue, Norfolk, Virginia 23504
Phone (757) 823-2063 Facsimile (757) 823-2064

MEETING ROOM RESERVATION FORM

*For use of meeting/conference rooms within the L. Douglas Wilder Performing Arts Center only.
See the Facility Rental Application to reserve the facility and/or the theater.*

Date Submitted: _____ *This form is due 90 days prior to the event date requested.*

The Applicant is applying for permission to use the facilities of Norfolk State University L. Douglas Wilder Performing Arts Center as noted below on the date(s) specified for the purpose or purposes indicated. A **twenty-five dollar (\$25.00)** non-refundable application fee must be submitted with this application and mailed to the address above. No action can be taken until all information requested on the application is provided. All requested information must be provided for consideration. Completion of this application is not a guarantee of facility use. Written confirmation of approval will be issued within two (2) weeks of receipt of the completed Meeting Room Reservation Form. ***NO ACTION will be taken until \$25 application fee is received.**

Applicant/Organization:

Corporate Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Daytime _____ Evening/Cellular _____

Organization Status (check all that apply):

____ Corporation ____ Non-Profit ____ Community Organization ____ School

____ Government Entity

Other Organization:

Tax I.D. Number: _____ *Proof of Tax Exemption Required*

Is the sponsoring organization directly affiliated with or part of Norfolk State University?

_____ Yes _____ No

If yes, list the affiliation or office/department/organization:

List two (2) principal officers or contacts for the Applicant/Organization:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

List the primary point of contact and/or representative authorized to sign a Facility Rental Agreement for the L. Douglas Wilder Performing Arts Center, telephone/cellular phone number, and email address:

Name: _____ Phone/ Cell: _____

Email: _____

Please list the date (mm/day/year) for your first choice and alternative choice for the use of the

Center: First Choice: _____ Second Choice: _____

Third Choice: _____

Event Information:

Requested Set-up/move in Date: _____ Set-up time: _____

Number of meetings: _____ Anticipated Attendance: _____

Time: Doors Open _____ Meeting Start: _____ Meeting End: _____

Meeting Support Required:

Room Arrangement:

_____ Auditorium style (chairs no tables) How many? _____

_____ Classroom (chairs and tables) How many? _____

_____ Speaker's podium How many? _____

_____ Speaker's Table and Chairs How many? _____

Equipment:

List and detail the equipment required for your meeting (provided by the Center)

_____ Projection Screen

_____ WIFI

_____ Laptop

_____ Teleconferencing

_____ Easel

_____ Microphone(s) How many? _____

Other:

*Note: Equipment operator(s) are not included in the charge but can be arranged for an additional fee.

Food Service:

All catering and concessions at the L. Douglas Wilder Performing Arts Center are under exclusive contract with the Norfolk State University Caterer. Arrangements for food and beverages must be coordinated through the Center staff. Ordering or delivery of "take out" food is not permitted.

What type of food and/or beverage service is requested? Provide the number of meals needed.

Continental Breakfast: # _____ Lunch: # _____ Dinner: # _____

_____ Cold _____ Hot

Reception: # _____ Hors d'oeuvres _____ Heavy _____ Light

Beverage Service: # _____ Other: _____

The Applicant represents that he/she has made a full and complete disclosure of all information that might be pertinent to the Center's consideration of this application and that all of the above statements and information are true. The Applicant represents that he/she have read and agree with the Policies and Procedures of the L. Douglas Wilder Performing Arts Center.

Authorized Signature of Applicant

Date

Do not write in shaded area below.

Date received: _____ **By:** _____
LDW Approval Received: _____ **VP Approval Received:** _____
Confirmation Sent: _____ **Deposit Received:** _____