

Training Room Request Form

Date of Request: _____

Organization Name: _____

Contact Name: _____ Phone Number: _____

Address of Organization: _____

Email Address: _____

Onsite Contact Name (if different from name above): _____

Onsite Contact Mobile Phone Number: _____

Date(s) of event: _____ Approximate Number of Attendees: _____

Type of Activity/Training: _____

Event Time: _____ (AM/PM) – _____ (AM/PM)

Set up Time: _____ Tear down Time: _____

Will you be providing food?: Yes No

Room Setup and Equipment Needed – Please check all that apply

- | | | |
|---|---|--|
| <input type="checkbox"/> Tables | <input type="checkbox"/> WiFi | <input type="checkbox"/> Coffee |
| <input type="checkbox"/> Chairs | <input type="checkbox"/> Flip chart | <input type="checkbox"/> Secondary projector |
| <input type="checkbox"/> Registration table | <input type="checkbox"/> Personal sized whiteboards | |
| <input type="checkbox"/> Podium | | |
| <input type="checkbox"/> Overhead projector | <input type="checkbox"/> Lunch tables (hallway) | |
| <input type="checkbox"/> In house sound | | |

Preferred Table Set up

- Classroom Square Pods U-Shaped

Prevention Action Alliance

Training Room Policies and Procedures

1. No Smoking, no alcoholic beverages, no vaping, no use of illicit substances.
2. The undersigned assumes cost for any damages. The user agrees to indemnify and hold harmless the Prevention Action Alliance and their agents and employees from all liability claims, demands, damages, or cost for, or arising out of, the above use, whether it be cause by the negligence of the organization or the Prevention Action Alliance or either party's agents or employees.
3. Primary or Secondary Contact must be present for set up and tear down, unless prior arrangements have been made with Prevention Action Alliance.
4. Groups will be responsible for content, management and outcomes of training/event.
5. Groups will be charged for any damage caused by their members for any preparation or undue cleaning necessary because of the activities of the group.
6. The placement of signage/placards/posters in or around the building is prohibited unless prior approval has been given by Prevention Action Alliance.
7. If in need of onsite technology assistance, please give one week notice. Any additional assistance needed outside of general set up may incur additional fees to the undersigned.
8. Contact is required to bring their own laptop if needed. Use of onsite materials (i.e. copier, fax machine, etc.) will be subject to additional fees.
9. If bringing in food, please confirm delivery times at a minimum of 24 hours in advance to Prevention Action Alliance.

Applicant's Printed Name: _____ Date: _____

Applicant's Signature: _____

Approved

Denied (explain) _____

By: _____ Date: _____ Assigned Rate: _____