

FACILITY RESERVATION AGREEMENT FORM

Center for Training and Education / 1101 E. 33rd Street, Suite C130 / Baltimore, MD 21218
Phone – 443.997.6800 / Fax – 443.997.6867

PLEASE FAX FORM TO 443.997.6867

Department	JHU Address	Internal Order # / Cost Center #
Department Manager	Email	Phone
Contact Person	Email	Phone
Back-up Contact Person	Email	Phone
Person Responsible for Set up / Clean Up	Email	Phone

Event Title / Description / Purpose

Event Date	Start Time	End Time	Number of Guests
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Facility Requested (please circle)

Training Room B101

Six large tables
Classroom Style – U-shaped
Max capacity – 20 people

Auditorium B102

Student desks with tablet arms
Auditorium Style – chairs on risers
Max capacity – 70 people

Training Room B103

4 large tables
Classroom Style – U-shaped or O-shaped
Max capacity – 15 people

For questions regarding room reservations, please contact Joyce Boston-Moore at 443.997.6803.

You agree to set up for and clean up after your event. You may change the set-up, but must return the facility to its original configuration before you leave. Please do not move the podiums or instructor stations. The podiums and instructor stations contain equipment routed through the floor, moving them will damage equipment and connections.

All training rooms are equipped with the following. Please choose your equipment needs:

- Desktop Computer with Internet Access
- VCR
- DVD Player
- Flipcharts
- LCD Projector
- Document Camera

- I will be bringing my own laptop. I know that I will not be able to gain access to the internet (with my laptop), unless I register the MAC address of the laptop with T&E at least one week before my scheduled meeting date.

Comments

I have read, understood, and agreed to the policies set forth in the *Facility Reservation Agreement* document. I am aware that my reservation will not be confirmed until T&E receives this signed document. I understand that once confirmed, my reservation can be withdrawn if The Center for Training and Education needs to use the facility in support of its mission.

Signature of the person making this request

Date

T&E Use:

Request for _____ confirmed by _____ on _____