

**HEALTH FOUNDATION OF GREATER CINCINNATI
CONFERENCE FACILITY
SCHEDULING REQUEST FORM**

Agency Name: _____

Meeting Host: _____ Phone: _____

Meeting Coordinator: _____ Phone: _____

Meeting Name: _____

Meeting Date(s) & Time(s): _____

Estimated Attendance: _____

MEETING ROOM(S)

Please mark the rooms needed and corresponding times. A capacity chart is on page 4.

(X)	Room No.	Room & Standard Resources	Time (from-to)
	500	Ohio Room (500) Permanent PC, LCD projector, screen and podium, VCR, DVD, Cassette, Cable TV	
	540	Hoffman Room (A) Permanent PC, LCD projector, screen and podium, VCR, DVD, Cassette, Cable TV	
	542	Kentucky Room (B) Permanent PC, LCD projector, screen and podium	
	530	Indiana Room (NE Corner) (G) HD TV Display, client must provide lap top to present with display unit	
	563	Cincinnati Room (H) (open reception are-not available during office hours)	
		Norwood Room (New) White Board, tack board	
	569	Lobby Reception Area	

AUDIO VISUAL & OTHER RESOURCES

Please mark the following items that will be needed.

(X)	Audio Visuals	(X)	Resources
	PC		Registration Table
	LCD Projector		Resource Table
	Overhead Projector		Screen
	Easel with flip chart pad		Podium
	TV & VCR Module		Crushed Can (ergonomic stool)
	Electronic Copy Board		
	Microphone (hand-held or wireless): available in Conference A & 500 only		Other: Specify _____
			Other: Specify _____

FOOD SERVICE

The Foundation requires the use of its in-house beverage service and the use of its preferred caterer for all meetings with food and beverages (**Banquet Server charges will apply**). Please coordinate these needs with the Director, Conference Facility; there will be **no exceptions**. All food orders must be made at least **5 business days** before meeting.

MEAL SPECIFICATIONS (Please fill in the information below as needed.)

# of Meals	Time & Room	Meal	Selection
		Breakfast	
		Lunch	
		Dinner	
		Break	
		Break	
		Beverage Service**	

Beverage service is provided by the Foundation, please see **page 4 for the price list. Please be sure that attendees **do not enter the Foundation employee break room to retrieve beverages**. If this occurs and a beverage service was not ordered, a half-day beverage fee will be assessed to the invoice.

SPECIAL ITEMS

Please mark items as needed and give a description.

(X)	Item	Description
	Linens*	
	Other: _____	
	Other: _____	
	Other: _____	

*There is an additional charge for this item.

SPECIAL INSTRUCTIONS (attach a separate sheet if necessary):

ROOM SET UP

Each meeting room has a standard set up and seating capacity (see page 4). Unless requested otherwise, the room(s) requested will be set up as indicated on the capacity chart. If another set up is required, please provide a diagram below, or on a separate sheet (a charge will be assessed for room reconfiguration and **must be completed by our staff).

CANCELLATION POLICY

Meetings with food orders must be cancelled at least 72 hours in advance to avoid being charged the **full cost of food plus the full cost of a banquet server**. Meetings without food/bevs must be cancelled at least 24 hours in advance to avoid a **\$50 cancellation fee**.

Meeting Coordinator Signature Required

Date: _____

****Clients are required to clean and return meeting rooms to the original set-up & cleanliness, unless the function requires banquet services.**

Please submit to Director, Conference Facility via fax at (513) 458-6693.

ROOM CAPACITIES

Room	Rounds of 8	Classroom	Conference
Ohio Room	80	60*	28
Hoffman Room	N/A	N/A	26*
Kentucky Room	N/A	24	20*
Indiana Room	N/A	N/A	12*
Cincinnati Room (OPEN RECEPTION AREA-not available during office hours)	45*	N/A	N/A
Norwood Room	N/A	N/A	8*

*Denotes default set-up for each room

PRICE LIST

Items	Price
Beverage Service Assorted Coke products, juices, coffee, decaffeinated coffee, assorted teas, bottled water	All Day / more than 4 hrs = \$6.00 per person 4 Hrs or less = \$3.00 per person
Resources	
Banquet Server (Required w/ food and beverage requests, includes one hour before and one hour after the meeting)	\$5.00 per hour
Copies	\$0.10 per sheet
AV Equipment	At cost**
Linens (Required w/the use of round tables)	\$10 per linen
Room Reconfiguration	\$60

**AV Equipment is provided by the Foundation at no cost. If equipment requested is not available and is rented from an outside source, the client is responsible for all associated charges.