EBR- 1-24-11 // 3-10-11bg

Rio Arriba County Department of Health and Human Services

Rio Arriba Health Commons Conference Room -- Print & Fax Request Form

PLEASE NOTE: Please refer to the attached ***Guidelines*** when requesting to reserve a room. All Requests will be denied in writing if the Request Form responses are incomplete, illegible and/or submitted in insufficient time. If you have any questions, please contact Edwina Romero, Rio Arriba County Health and Human Services Department, EBRomero@rio-arriba.org **(505)-753-3143**. Our Fax is**: (505)-753-1769** Thank you.

Date of Request: _____ Name of Requester: _____

Organization: _____

Phone/cell number of requester: _____ Email address of requester: _____

ROOM REQUEST: **Please Check Only One:** ☐ Conference Meeting Room A ☐ Conference Meeting Room B ☐ Conference Room - Rooms A & B ☐ B104 Consult Room

DATE & START/END TIME OF USE (please include time for set up and materials clean up) _____ _____ to _____ _____

EQUIPMENT: ☐ We will be using our own ☐ We need to borrow: ____ monitor ____ PC ____ screen other: _____

FURNITURE SET UP: **Please Check Only One**: ☐ Chairs only –circle/oval ☐ Chairs only–theatre style ☐ Chairs and tables– classroom style: ☐ straight rows ☐ Chairs and tables- one rectangle ☐ Chairs & tables- U shape ☐ Other: _____

FOOD/BEVERAGE: Will food and/or beverages be used in the room(s) requested? ☐ Yes ☐ No

AGREEMENT

I understand that failure to abide by the terms and conditions of room use as described in the ***Guidelines for Room Reservations*** may cause use of the space to the undersigned to be revoked. The Department reserves the right to nullify this Agreement in the event the space will be required in case of an emergency. I understand that I will notify the Department as soon as possible if this request needs to be cancelled, revised or changed in any way.

Signed: _____

RIO ARRIBA COUNTY: Date received_____ RACHHSD staff_____

Date notified approved/disapproved_____ If confirmed, date County maintenance notified _____