

Facility Usage Form

Contact Information:

Name: _____ Organization: ODU Other: _____

Department: _____ Email: _____

Phone: _____ Cell Phone (Optional): _____

**Fees apply to organizations at the discretion of the Director for HRBRC*

Billing Attention to: _____ Billing Phone: _____

Address: _____ Zip Code: _____

I have read and agree to the HRBRC/ODU Facility Usage Agreement

Event Information

Event Title: _____ Estimated Total Attendance: _____

Number of rooms requested: _____ Estimated attendance for each room: _____

Event description: _____

Date(s)	Day (MTWTHF) 8:00 am- 5:00 pm	Set up time	Start time	End time	Office use: Room (s) Assigned	Office use: Event ID

Technology Information:

Each room is equipped with a computer, laptop connection, wall mounted projector or wall mounted display, and MS Office Suite. Whiteboards and markers are available upon request.