



**WRIGHT STATE  
UNIVERSITY**

## Room Request Form

**Center for Performance Excellence**  
140 E. Monument Ave.  
Dayton, OH 45402-1267  
(937) 775-1100  
FAX (937) 775-1111

### CPE Use Only

Event #: \_\_\_\_\_

Room(s): \_\_\_\_\_

Event Name: \_\_\_\_\_  
(for Marquee)

Requestor's Name: \_\_\_\_\_  
(please PRINT)

\*Signature: \_\_\_\_\_

Company/Dept.: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Facilitator Contact: \_\_\_\_\_  
(Name and Phone Number, if different from Requestor)

Billing Name: \_\_\_\_\_  
(if different from Requestor)

Billing Address: \_\_\_\_\_  
(if different from Requestor)

Date: \_\_\_\_\_

**WSU departments and affiliated  
organizations ONLY**

Fund #: \_\_\_\_\_

Org #: \_\_\_\_\_

Account #: \_\_\_\_\_

Program #: \_\_\_\_\_

Sponsor: \_\_\_\_\_  
(REQUIRED. if you are a WSU-affiliated organization)

### CATERING

**If you order catering independently, we REQUIRE that you provide contact information for the caterer or the person coordinating the catering to ensure that the food for your event is provided as scheduled.**

Is there Catering? YES NO (please circle one)

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Dates: \_\_\_\_\_

Times: \_\_\_\_\_

Group Size: \_\_\_\_\_

Preferred Room(s) (mark your choice):

Cap.	Room #	Configuration	
35	012	U-shape	_____
35	016	Classroom	_____
35	212	U-shape	_____
35	217	Team Tables	_____
12	223	U-shape	_____
12	227	U-shape	_____
18	021	Computer Lab	_____
20	204	Board Room	_____
	Lobby	(please call)	_____
	Parking Lot	(please call)	_____

NOTES: Please complete the room request form and fax to 937/775-1111, or contact the Center at 937/775-1100 if you have any questions.

**\*Your signature on this form indicates your intent and authorization to rent the facilities and any additional equipment, services and food as indicated on this form. A minimum of four business days notice is required for a no-charge cancellation of your request. A minimum charge and/or penalties will apply for no-shows and late cancellations.**

### Beverages (indicate quantity):

\_\_\_\_\_ Coffee, Decaf, Tea, Hot Chocolate (\_\_\_\_ AM \_\_\_\_ PM)  
(Circle the Hot Beverages you want and check AM and/or PM delivery. AM coffee set-ups will be cleared daily at 12:30 p.m. PM set-ups will be cleared at 4:30 p.m.)

\_\_\_\_\_ Sodas (assorted) \_\_\_\_\_ Bottled Water

### Baked Goods (indicate quantity):

\_\_\_\_\_ Donuts \_\_\_\_\_ Bagels

\_\_\_\_\_ Cookies

### Audio-Visual Equipment:

\_\_\_\_\_ Video Camera \_\_\_\_\_ Flip Chart w/Markers

\_\_\_\_\_ Laptop \_\_\_\_\_ Overhead Projector

\_\_\_\_\_ Video Projector \_\_\_\_\_ TV/VCR

\_\_\_\_\_ Dry Erase w/Markers

### Notes (special requests, special room layouts, special A/V):

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