

Meriden Department of Health and Human Services
MEETING ROOM APPLICATION

165 Miller Street, Meriden
Hours of Operation: M-F, 8:00am to 5:00pm

Meeting room requests *must be submitted in writing at least 14 days prior to the date of the meeting, NO EXCEPTIONS. NO BOOKINGS WILL BE ACCEPTED BY PHONE.* Please see our meeting room policy and post event checklist below. Not adhering to our meeting room policy will result in the immediate revocation of permission to use MDHHS meeting rooms. MDHHS reserves the right to refuse or revoke permission for the use of meeting rooms to any group, organization, or individual.

MEETING ROOMS AVAILABLE

TEEN ROOM (Seats up to 90 with tables and chairs, has powerpoint screen, internet access)

STODDARD ROOM (Seats up to 25 with tables and chairs, no powerpoint screen, wi-fi internet access)

AUDIOVISUAL (A/V) EQUIPMENT NEEDS

Are you having a **powerpoint presentation**? Yes No

The Health Department **DOES NOT** supply audiovisual or special equipment such as laptops, cables or microphones, etc. The organization using the room must provide their own equipment and personnel to operate any A/V needs. Please arrive to your meeting early to ensure adequate time to set up your equipment.

MEETING INFORMATION

Name of Organization: _____

Meeting Date(s): _____

Time: Start _____ **End** _____

REQUIRED SIGNATURE

I, the undersigned, certify that the foregoing statements are true and complete to the best of my knowledge. Furthermore, *I have read and signed* the attached policy for use of meeting rooms and agree to abide by the rules, regulations and restrictions stated therein. I will bring approved confirmation to obtain entrance to room.

Signature (REQUIRED) _____

Print Above Name _____

Date _____ **Phone #** _____ **Fax #** _____

Email: _____

*****Please fax completed application and policy signature page to: (203) 639-0039*****
Please call us at (203) 630-4221 if you need to cancel your reservation.

MERIDEN DEPARTMENT OF HEALTH & HUMAN SERVICES

Guidelines for Use of Conference Rooms

Conference rooms are primarily for use by the Meriden Department of Health and Human Services (MDHHS). Community groups are permitted to use the conference rooms but MDHHS activities receive priority.

Hours

Meetings must be held during regular business hours (8:00am to 5:00 pm, Monday - Friday).

Room Set Up

Organizations are responsible for arranging the chairs, tables, and other equipment to meet their own needs. Following the use of the room, groups must return the room to its original state.

Special Equipment

All audiovisual and special equipment, such as laptops and cables must be provided by the using organization. MDHHS is not responsible for equipment, supplies, materials or other items owned by a group or organization and assumes no responsibility for damage or theft.

Food Services

Luncheon meetings and light refreshments are allowed however a thorough clean up must be done at the end of the meeting. All supplies such as cups, plates, silverware, coffee urns/pots, tablecloths, and cleaning supplies must be provided by the using organization. **Place all waste in appropriate receptacles and wash/wipe down all tables.**

PLEASE SIGN and return with meeting room application:

I understand and agree to follow the above meeting room rules and regulations. I understand that by not adhering to meeting room policy will result in the immediate revocation of permission to use MDHHS meeting rooms.

Signature: _____

Printed Name: _____

Date: _____

Internal Use Only:

Approved _____ Not Approved: _____

MDHHS Contact Person for Meeting: _____

This person will be responsible for unlocking the meeting room and collecting post-event checklist.

Room checked post event by: _____

MERIDEN DEPARTMENT OF HEALTH & HUMAN SERVICES

Post Event Checklist - Conference Rooms
For the use at the end of your meeting/event

Please complete and sign upon completion of your meeting/event. Please leave this form in the room. It will be collected by a MDHHS staff person.

Name of Organization: _____

Meeting Room: _____

Date of Meeting: _____

Check off the following boxes once task is completed:

- Chairs and tables were returned to original set-up.
- Garbage has been put in trash cans; cans have been placed by entry of meeting room.
- Tables have been cleaned.
- (If applicable) – Powerpoint screen has been returned to the “up” position.

Remember to lock the meeting room at the conclusion of your meeting.

Signature: _____