



Opportunity Lives Here

SVHEC Special Event Request Form

Please complete this form and return to SVHEC Operations Team via
e-mail: Events@svhec.org or fax: 434-572-5462

820 Bruce Street * South Boston, VA 24592

Front Desk: (434-572-5596)

ORGANIZATION AND CONTACT INFORMATION

Name of Organization _____

Type of Organization (Please Check one)

For Profit Non-Profit Local, State or Federal Govt. Agency

Contact Person _____ Phone Number _____

Email Address _____ Alternate Phone _____

Street Address _____

City _____ State _____ Zip _____

Electronic invoices will be sent to the email address provided unless otherwise requested.

Please check this box if you require a paper copy of the invoice.

Billing Information (If Different From Above)

Contact Person _____ Phone Number _____

Email Address _____

Street Address _____

City _____ State _____ Zip _____

If payment is to be made via Inter-Agency Transfer (IAT), please contact Brenda Terry at 434-572-5562.





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EVENT INFORMATION

Name of Event _____

Date _____ Start Time _____ End Time _____

Pre/Post Access Time Needed _____

Expected # of Participants _____ Food/Beverages to be Served Yes No

Type of Space Needed: (Check all that Apply)

- Classroom Computer Lab Berneche Conference Room Parking Lot
 SVHEC Lobby Smith-Hope Classroom Hope Classroom Earp Computer Lab
 IC MAC Lab IC Conference Center (Tiered Seating) IC Conference Room
 IC General Classroom Mobile Computer Lab Cart
 IC Studio Area IC Lobby/Front Desk Area IC CAD/CAM Computer Lab
 Photography Studio Audio Bay 1 Audio Bay 2

Classroom Name (if preferred but not listed): _____

Computer Lab Name (if preferred but not listed): _____

Does participation in this event result in award of licensure, certification, or Continuing Education credits to participants? Yes No

If you answered Yes above, please check which type of credits will be awarded:

- Licensure Certification Continuing Education Other Please specify)



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Computer Access, Software, Audio/Visual Needs:

Wi-Fi is available at no cost.

All rooms are equipped with a screen and projector that is connected to a computer, document camera, and VCR/DVD player. This multimedia setup is also designed so that presenters may also connect their personal laptop to the system. The SVHEC will assign computer log-on accounts for presenters. All SVHEC computers are connected to the Internet and are equipped with Microsoft Office Suite. If you need additional software, drivers and/or plug-ins please specify. Additional fees may apply for installing software, drivers, and/or plug-ins. *Please list special software or audio/visual needs below:*

Room Setup/Configuration Instructions (Attach Diagram of Preferred Configuration)

If you are requesting a classroom for your event, please let us know how you want the tables and chairs arranged. *Please provide a sketch of the desired room configuration.*

Additional Equipment/Supply Needs (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Video Conference | <input type="checkbox"/> Telephone Conference |
| <input type="checkbox"/> PA System (only needed for groups >50) | <input type="checkbox"/> Sign Posts |
| <input type="checkbox"/> Lectern | <input type="checkbox"/> Other (specify) _____ |

If you check video and/or telephone conference needs, an SVHEC Staff member will contact you.

Operations Staff use ONLY:

Total Rental Charge: Amount \$ _____



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Technology Fee per rental \$30.00 per hour

Please describe the technology setup/assistance requested, and IT staff will provide an estimate of the technology fee applicable if the request is possible.

(Please describe): _____

Copier Fees

Black and White copies may be made by SVHEC staff at a cost of \$0.10 per page or **color** copies at a cost of \$0.18 per page. Two-sided documents are counted as two pages. An **Event Copy Request Form** will be available at the Front Desk for customers to use in requesting copies. The Authorized Representative for the event will need to sign and date the form as well as provide Billing Contact information. It must be completed by the Operations Support Technician who produces the copies.

Payment of Copier Fees – (to be invoiced)

Note: SVHEC Front Desk Staff will record copies made on SVHEC Special Event Copier Request Log maintained in the Front Desk Directory. SVHEC Operations Support Technician will forward the Special Event Copy Request Form to the Fiscal Technician whom will send an invoice to Event Contact for payment.



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Signature Page

I am requesting the use of SVHEC facilities as described in the attached Special Event Request Information Sheet. I acknowledge that if this request is granted I am responsible for paying the SVHEC any and all fees related to rental, technology, set-up, and services as specified.

I agree not to use the SVHEC facilities in any manner that interrupts ongoing activities. I further agree not to film or photograph any students or employees of SVHEC without expressed consent from any individual filmed or photographed.

I agree to indemnify, defend, and hold harmless SVHEC, and its agents and employees, from all liability, claims for damage, injury or loss of every kind and nature, whether relating to person or property, arising on or within SVHEC property or facilities and incident to my use of the facilities.

I represent that I have liability insurance sufficient to hold harmless and indemnify SVHEC from any liability described above and will provide documentation of insurance coverage with the executed copy of this Agreement.

I accept financial responsibility for any repairs or replacement to SVHEC property or facilities which may be necessary due to damage to such property or facilities by actions under this agreement beyond normal use. I agree to leave the SVHEC facilities clear of all trash and debris.

I agree to not state or imply any endorsement by SVHEC of me or any organization with which I am affiliated.

Signed this _____ day of _____, 20____, for and on behalf

of: _____
(Agency, Institution, Business requesting space)

Print Name _____
(Print name of Authorized Representative)

Signed _____
(Signature of Authorized Representative)



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Received by _____
(Signature of SVHEC Authorized Representative) Date

Please Return Completed Form To:

SVHEC Operations
ATTN: Room Rental
820 Bruce Street
South Boston, VA 24592

Or E-mail Completed Form To:

Events@svhec.org

Or Fax Completed Form To:

434-572-5462