**Duke University School of Nursing**

**Facility Use Request Form**

To initiate your request, please complete the following information:

**Department/Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Event** (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Start Time:** \_\_\_\_\_\_\_\_\_\_ **End Time:** \_\_\_\_\_\_\_\_

**Purpose of Event:** \_\_\_ Meeting \_\_\_ Conference \_\_\_\_Class/Training \_\_\_ Reception

**Number of Attendees: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_**

**General Description of your room and space rental requirements** (Tell us a little about your event, room preferences, and any special set-up needs):

Will you require A/V? \_\_\_ Yes \_\_\_ No

Will the event be catered? \_\_\_ Yes \_\_\_ No

If yes, please list the vendor and any **special set up requirements**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include any additional information that will help us understand your needs as we review this request (such needs may include: special room set-ups, registration tables and signage:

Please send this form to: Tina Leiter

 Director, Facilities Operations

 tina.leiter@duke.edu

Thank you for your interest in hosting your event at the Duke University School of Nursing.