

## Meeting Room Request

**\*\*REQUEST FORMS MUST BE SUBMITTED FOR APPROVAL AT LEAST  
48 HOURS IN ADVANCE OF ALL MEETINGS/EVENTS.\*\***

Requester's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Meeting/Event: \_\_\_\_\_ Date: \_\_\_\_\_

Ministry: \_\_\_\_\_

No. of Attendees: \_\_\_\_\_ Start Time: \_\_\_\_\_ AM/PM End Time: \_\_\_\_\_ AM/PM

Room/Area Requested\*:  Conference Room  Multi-Purpose Room  Café  
 Men's Lounge  Women's Lounge  Youth Lounge

**\* Catering available for meetings/events held in the café only. Food and beverages are prohibited in all other conference/meeting rooms. Please complete all appropriate information on page 2.**

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

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email address(es): \_\_\_\_\_  
\_\_\_\_\_

Please print, complete and fax both pages of the request form to: **630.898.5334** or place it in the holder/basket provided at the Information Desk. Please be sure to provide complete contact information in case additional information is needed. The contact person listed above will be notified to confirm room availability once the request has been approved. **PLEASE NOTE: This form should not be hand delivered to anyone personally, including the Facilities Manager. The Facilities Management Team will only process request forms received fax or those retrieved from the Information Desk. Food and beverages are permitted in the Café only.** Thank you in advance for your cooperation.

Facility Manager's Signature \_\_\_\_\_  
Mr. Mayes \_\_\_\_\_ Date \_\_\_\_\_

Approval Signature \_\_\_\_\_  
Rev. Ken Cowan \_\_\_\_\_ Date \_\_\_\_\_

### Hours of Availability

Tuesday-Friday: 5:00 PM – 10:00 PM  
Saturday: 8:00 AM – 2:00 PM  
Sunday: Meetings/Events must be completed by 3:00 PM

Café Usage

Arrival Time: \_\_\_\_\_ AM/PM

Meals:             Breakfast       Lunch             Dinner             Snacks

Beverages:       Coffee             Water             Soft Drinks       Other

PLEASE NOTE: All food and beverages brought into the café are subject to approval by St. John personnel.

Room Set-up Information

Please indicate the type of equipment that will be used during your meeting/event by checking the corresponding boxes below. St. John has tables and chairs available that can be used for your meetings/events. St. John does not supply and will not be responsible for other equipment brought into the facility for meetings/events.

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Tables (# _____)       | <input type="checkbox"/> Chairs (# _____)              | <input type="checkbox"/> Laptop                       | <input type="checkbox"/> Printer          |
| <input type="checkbox"/> Internet Access        | <input type="checkbox"/> Musicians                     | <input type="checkbox"/> Musical Instruments          | <input type="checkbox"/> Microphone       |
| <input type="checkbox"/> Podium                 | <input type="checkbox"/> TV/DVD Player                 | <input type="checkbox"/> Projector                    | <input type="checkbox"/> Projector Screen |
| <input type="checkbox"/> Video Taping Equipment | <input type="checkbox"/> Photography/ Camera Equipment | <input type="checkbox"/> Other (please specify) _____ |   |

General Set-Up: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Please include a diagram of your room set-up below.