

# New River Valley Competitiveness Center

## Meeting Room Reservation Request

We require a properly approved request be on file in order to assure fairness and consistency in reserving common areas for our tenants or guests. Please complete the request form and return it to the Center Building Manager or Calendar Coordinator to confirm the space availability and applicable fees. A copy of this form will be returned to you noting approval. **Unless you have a completed form approved by the Manager, and the Calendar Coordinator, your reservation is not confirmed.**

**PLEASE REMEMBER THE FOLLOWING IMPORTANT POINTS:**

1. **STAY to your reserved time.** The rooms are in high demand and someone may be waiting.
2. **LEAVE the room neat for the next guest.** Remove your items as soon as you finish.
3. **NO food or beverage is permitted in the Conference Room.** Space will be made available.
4. **LOCK any doors you unlock** if not during normal business hours (8:30 - 5:00 weekdays).
5. **ADVANCE arrangements must be made** with the Manager for access outside normal business hours.
6. **EQUIPMENT (i.e. projector, laptop, etc.) is not provided by the Center.**
7. **NOTIFY the Manager when a meeting is cancelled so space is available for others.**

**The Competitiveness Center is a Drug, Alcohol, and Tobacco free facility.** Drugs and Alcohol are not permitted on the Center's premises at any time. Smoking is permitted in designated areas outside the building.

Name to be reserved in: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Purpose/Group: \_\_\_\_\_ Fax #: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Room:(circle) Conference Training Library New River Room  
Number attending: \_\_\_\_\_ Will you serve food and/or beverage? \_\_\_\_\_  
Special needs or requests \_\_\_\_\_ Fee: \_\_\_\_\_  
Requested by: \_\_\_\_\_  
Signature Date Printed name

Building Manager: OK \_\_\_\_\_ Calendar Coordinator: OK \_\_\_\_\_

Comments: \_\_\_\_\_

Confirmation notice sent (date) \_\_\_\_\_ via email ( ) or fax ( )

**Submit request form via fax or email to either:**

Competitiveness Center Office: fax 540-633-6768 or email [incubatormanager@nrvc.org](mailto:incubatormanager@nrvc.org)

Calendar Coordinator: fax 540-831-6093 or email [jmcnew@nrvpdc.org](mailto:jmcnew@nrvpdc.org)

**Your confirmation also serves as your invoice. Remit payment of room fees to:**

New River Valley Development Corporation, 6580 Valley Center Drive, Suite 302, Radford, VA 24141

Direct questions to the **Center Office 540-633-6730** or Calendar Coordinator 540-639-9313.