



**RAY MORRIS HALL
OAKLEY STEM CENTER**
Request for Facility/Room Use
TENNESSEE TECH UNIVERSITY
Departments & Organizations

STEM CENTER STAFF ONLY

Date Request Received: _____
Approved / Not Approved: _____
Site Visit Scheduled: _____

- **REQUEST REQUIREMENTS:** Requests to use rooms/spaces in Ray Morris Hall / Millard Oakley STEM Center must be made **no less than 10 business days** (two weeks) prior to the meeting/event.
- **SITE VISIT:** Upon approval, the group contact person (responsible party) is required to visit Ray Morris Hall / STEM Center a minimum of **three (3) business days** prior to their meeting/event to view the reserved space and discuss set-up needs, etc.
- **CLEAN UP:** Groups are **required to clean up after their meeting/event** leaving the room and/or area in the same condition as when they arrived. Trash to be placed in the dumpsters outside at the loading dock (west side of building). Failure to do so will affect future requests for space usage.
- **ALCOHOLIC BEVERAGES:** No alcoholic beverages are permitted on the University's property.

1) Name of TTU Dept./Organization: _____

2) CONTACT NAME (Responsible Party): _____

3) TTU Extension: _____ Cell Phone: _____

4) TTU Email Address: _____

*(PLEASE NOTE: The above **must** be the name and contact information of the **actual person responsible** for requesting the space, responsible for making the arrangements, responsible for post-event and/or meeting clean-up, and any issues associated with this specific request.)*

5) Faculty Sponsor/Advisor (if any): _____

6) Purpose or Title of Meeting/Event: _____

7) Date(s) of Facility Use: _____

8) Total Number of People Expected to Attend: _____

9) Time In (includes set-up time): _____ Time Out (includes clean-up time): _____

10) **Catering & Dining:** Arrangement of and payment for food/catering services is the responsibility of the group reserving the space.

For catering needs and questions, please contact Victor Kline, vkline@tntech.edu, Chartwells' Catering Director.

___ We will **NOT** require food service during our event/meeting.

___ We **WILL REQUIRE** food service (meal[s], snack, or other) and will contact Chartwells.

Describe your dining set-up needs/expectations and type/time of meal/service:

_____ plated meal _____ box lunch _____ buffet _____ other: _____

(NOTE: Beverage and snack vending machines available on-site.)

ROOM INFORMATION

- Supplies for classes/experiments that include food and beverage products must be approved by STEM Center director prior to class or meeting.
- Based on AV/Technology needs and/or clean-up requirements, fees may apply. STEM Center technician is required to operate equipment.

√ Room(s) You Are Requesting

√	Room / Rm #	Capacity	Room Requirements*
	Lobby	100	
	Auditorium (Rm 150)	240	no food/beverages
	Virtual Theater (Rm 157)	30	no food/beverages
	Conference Room (Rm 104)	12	
	Interview Room I (Rm 110)	4	
	Interview Room II (Rm 111)	4	
	Early Childhood Learning (Rm 131)	20	no food/beverages
	Mathematics Studio (Rm 135)	49	no food/beverages
	Physics/Engineering & Earth/Space Sciences Studio (Rm 137)	36	no food/beverages
	Biology/Chemistry Studio (Rm 139)	36	no food/beverages
	Laboratory Prep (Rm 112 – ONLY for use by STEM Center programs and TTU faculty teaching in Learning Studios)	n/a	

INITIAL REQUEST APPROVED: Dr. Sally Pardue, Director Oakley STEM Center

Signed: _____ Date: _____

