

***HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION  
NEW JERSEY CHAPTER***

**Policy: A03**

**Title: Facilities Reservation Request**

**Date Approved by the Board of Directors: August 12, 2008**

**Last Reviewed: July 1, 2008**

**Most Recent Revision: July 1, 2008**

**Effective Date: August 12, 2008**

**Policy:** The Board of directors will empower the President Elect or his/her designee to be responsible for the reserving of space or facilities for NJ HFMA sponsored events.

**Purpose:** This procedure is intended to ensure that all reservations of space or facilities are properly executed.

**Procedure:** This following form must be submitted to the NJHFMA President Elect no later than six (6) weeks prior to the planned event date regardless of location. Exceptions to this policy include the reservation of space and facilities for Chapter Committee/Forum meetings or other events where there is no charge to the organization.

## NEW JERSEY HFMA EVENT DATE RESERVATION FORM

### WOODBIDGE HILTON FACILITY REQUEST

**This form must be submitted to the NJHFMA President Elect no later than six (6) weeks prior to the planned event date for all NJHFMA events, regardless of location.**

**COMPLETE THE FOLLOWING FOR ALL EVENTS:**

<b>Committee Chair/Contact Name</b>	
<b>Contact Phone Number</b>	
<b>Contact Fax Number</b>	
<b>Contact Email Address</b>	
<b>Lead NJ HFMA Committee Name</b>	
<b>If event facility is other than the Woodbridge Hilton, please note facility name, address and phone number (otherwise leave blank).</b>	
<b>Function Name</b>	
<b>Event Date(s) <sup>1</sup></b>	
<b>Event Time</b>	Start: <input type="text"/> am/pm End: <input type="text"/> am/pm

**COMPLETE THE FOLLOWING ONLY FOR WOODBRIDGE HILTON EVENTS:**

<b>Estimated # of Attendees</b>	
<b>Maximum # of Attendees (if applicable)</b>	
<b>Podium?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Head Table/Dais?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Number of Seats at Head Table</b>	
<b>Projector 2</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Projector Screen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## NEW JERSEY HFMA DATE RESERVATION AND WOODBRIDGE FACILITY FORM

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<b>Microphones (specify number of each type required) <sup>3</sup></b>	Stationary: <input type="checkbox"/> Roving: <input type="checkbox"/> Lapel: <input type="checkbox"/>
<b>Other Special Room Set-Up Logistics (specify) <sup>4</sup></b>	
<b>Catering Needs (i.e. continental breakfast, lunch, dinner, cocktail reception, or other special needs)</b>	
<b>Other special requests:</b>	
<b>Below to be completed by Vice President:</b>	
<b>Date Submitted</b>	
<b>Woodbridge Booking Agent</b>	<input type="checkbox"/> Kristen Pakla <input type="checkbox"/> Nancy Rubin
<b>Confirmation (BEO) Received Date (attach copy)</b>	

**Notes****<sup>1</sup> Event Date(s):**

Note all applicable dates for event. If meeting is recurring it may be noted as, for example, “Second Wednesday of each month except February.”

**<sup>2</sup> Projectors and Laptops:**

A projector is available through NJHFMA and is stored in the business office on the second floor at the Woodbridge Hilton. **However, you must note the need for the projector to ensure its availability.** A laptop computer is not available and must be supplied either by the event planners or the speakers.

**<sup>3</sup> Microphones (Woodbridge Hilton only):**

Microphones are paid for on a per unit basis – please specify the proper number. Always account for the need for roving microphones to facilitate Q&A sessions. Some speakers may request wireless lapel microphones.

**<sup>4</sup> Room Set-Up (Woodbridge Hilton only):**

Quarterly Meeting – Round tables unless otherwise specified

Other Events – Specify required set-up (i.e. classroom, conference table, “U” table design, round tables, etc.)