

***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: April 11, 2017

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

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:

Committee Chair/Contact Name	
Contact Phone Number	
Contact Fax Number	
Contact Email Address	
Lead NJ HFMA Committee Name	
Please note facility name, address and phone number	
Function Name	
Event Date(s) ¹	
Event Time	Start: <input type="text"/> am/pm End: <input type="text"/> am/pm

COMPLETE THE FOLLOWING FOR All EVENTS:

Estimated # of Attendees	
Maximum # of Attendees (if applicable)	
Podium?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Head Table/Dais?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Seats at Head Table	
Projector 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Projector Screen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Microphones (specify number of each type required) ³	Stationary: <input type="text"/> Roving: <input type="text"/> Lapel: <input type="text"/>

Other Special Room Set-Up Logistics (specify) ⁴	
Catering Needs (i.e. continental breakfast, lunch, dinner, cocktail reception, or other special needs)	
Other special requests:	
Below to be completed by Vice President:	
Date Submitted	
Booking Agent	
Confirmation (BEO) Received Date (attach copy)	

Notes

¹ 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.”

² Projectors and Laptops:

A projector is available through NJHFMA. **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.

³ Microphones:

Microphones are usually 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.

⁴ Room Set-Up

Quarterly Meeting – Round tables unless otherwise specified

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