

APPLICATION TO USE LENTZ PUBLIC HEALTH CENTER MEETING ROOMS

During normal MPHD business hours, Lentz Public Health Center Centennial A, B and C meeting rooms (off the lobby) are available to established, local, non-profit organizations of a public, civic, educational or cultural nature, and to governmental agencies. Groups may not charge admission, fees for services rendered, solicit donations, collect dues or membership fees. Sales activities may not be conducted in any of the rooms or on the Lentz grounds. This form must be signed and approved by appropriate MPHD personnel before a meeting room booking will be confirmed.

Organization (Full name): _____

Program Name and Type: _____

Contact Name and Address: _____

Contact Phone — Work: _____

Home: ontact _____

FAX: _____

E-Mail: _____

Expected Number of Attendees: _____

Needs: A-V hookup help Yes No Conference Phone Yes No Tables for food Yes No

(Permitted Caterers ONLY)

List of Food and/or Equipment that Will Be Brought Into the Building: _____



Open Rectangle
20 attendees max per rm



Closed Rectangle
24 attendees max per rm



Classroom
32 attendees max per rm



Auditorium/theater
50 attendees max per rm

DATE AND TIME MEETING ROOM REQUESTED				
DAY OF THE WEEK	MONTH	DATE	HOURS	
			FROM	TO

INSURANCE NOTICE: MPHD is not responsible for any property, personal or otherwise brought onto or into any of its premises. The User is responsible for all such property and specifically waives any subrogation rights against MPHD or Metro government. Further, the User is responsible for any negligent personal injury or property damage caused by the User or any member of the User's group of attendees while on MPHD premises. The User agrees to hold harmless MPHD and the Metropolitan Government of Nashville and Davidson County for any personal injury or property damage caused by the User or any of the User's attendees.

I have read and understand the rules of MPHD under this application regarding the use of MPHD meeting room facilities and, as an authorized representative from the above organization, guarantee compliance with said rules. I agree that the group I represent will abide by these rules. I will submit 501(c) (3) documentation, if requested.

Signature & Date: _____

STAFF USE ONLY

Director/Designee Approved (initials): ____ Yes ____ No Comments: _____

Director/Designee Signature & Date _____

Staff Taking Request & Date _____

MPHD Policies Nov. 04, 2014

Public wireless only for network connection. Laptops for AV must be provided by user.

(Pop-up blockers may prevent)

Or, save a copy and send by e-mail to:
Thomas.Sharp@nashville.gov;
Martha.Bickley@nashville.gov;
Mark.Sturgis@nashville.gov;
Terry.Grimes@nashville.gov

April 5, 2016