Application for Meeting Room Use

Coastal Hospice

Complete the information below. You may email or mail the form.

Please note that submission and receipt of this form do not constitute approval of requested use. We will email confirmation within 48 business hours of receiving the request.

Organization Information

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Is your organization a nonprofit or government? Yes _____ No _____

Organization Leader's Name: _____ Title: _____

Email: _____ Office Phone: _____

Meeting Information

Name of Representative: _____

Home Address: _____

Office Phone: _____ Cell Phone: _____

Email: _____

Purpose of Meeting: _____

Date of Meeting: _____ Time Required: _____

The room will not be available except during the time period listed above.

Number of Expected Attendees: _____

Area: Inside Conference Room _____ Garden _____ Both _____

Agreement & Authorization

_____ I understand that the Macky & Pam Stansell House is first and foremost an inpatient facility and that the patient's privacy and comfort are paramount.

_____ I have read, understand, and agree to the Conference Room and Garden Use Agreement, including the reservation process, arrival and check-out procedure, and the general guidelines. Violations of this policy may result in denial and/or cancellation of future meeting room use. Approval of using the conference room and garden is not an endorsement by Coastal Hospice, Inc.

_____ I understand I am responsible for my own room setup and for returning the room to its original state.

_____ I understand I MUST lock the external door to the Conference Room before I leave.

_____ I understand that due to unforeseen weather conditions or acts beyond Coastal Hospice's control, the availability of Coastal Hospice facilities cannot be guaranteed.

_____ I am authorized by the above organization to enter this agreement and assume full responsibility on behalf of the organization.

_____ I understand that if this is an initial request from an organization, details on the organization may be requested, such as an IRS determination letter, list of board of directors, and description of programs offered.

Name _____ Date: _____

Signature: _____

Please return this form via email to dpowell@coastalhospice.org or mail to:
P.O. Box 1733, Salisbury, MD 21802

For Coastal Hospice Use Only

_____ Confirmed Nonprofit/Government

_____ Date/Time Available

_____ Approved Request

_____ Denied Request

_____ Email sent to representative