

JDR CAREER CENTER
SCHEDULING REQUEST FORM
Executive Conference Room

Organization: _____

Address: _____

Presenter's Name & Title: _____

Contact's Name: _____

Phone Number: _____ Fax Number: _____

Requested Date: _____

Requested Time: From: _____ To: _____

Purpose of Meeting: _____

Number of Participants Expected: _____

Comments: _____

Equipment available in the **Executive Conference Room**: (one large table, 18 chairs, white board, telephone)

Additional Equipment Request: _____

Mail or fax completed form to the following address:

John D. Rockefeller Career Center
Attn: Dan Enich II, Director
80 Rockefeller Circle
New Cumberland, WV 26047
Fax: 304-564-4058

You will receive written confirmation if the date you have requested is available.

Confirmation of Reservation

Your request to reserve the **Executive Conference Room**
at the Career Center has been:

Approved _____

Denied _____ Reason: _____

Signature of Career Center Representative

Date

JDR CAREER CENTER
SCHEDULING REQUEST FORM
IMC

Organization: _____

Address: _____

Presenter's Name & Title: _____

Contact's Name: _____

Phone Number: _____ Fax Number: _____

Requested Date: _____

Requested Time: From: _____ To: _____

Purpose of Meeting: _____

Number of Participants Expected: _____

Comments: _____

Equipment available in the **IMC Room**: VCR, DVD Player, Smart Board
Additional Equipment Request: _____

Mail or fax completed form to the following address:

John D. Rockefeller IV Career Center
Attn: Dan Enich II, Director
80 Rockefeller Circle
New Cumberland, WV 26047
Fax: 304-564-4058

You will receive written confirmation if the date you have requested is available.

Confirmation of Reservation

Your request to reserve the **IMC Room** at the Career Center has been:

Approved _____

Denied _____ Reason: _____

Signature of Career Center Representative

Date

JDR CAREER CENTER
SCHEDULING REQUEST FORM
TOC Computer Lab

Organization: _____

Address: _____

Presenter's Name & Title: _____

Contact's Name: _____

Phone Number: _____ Fax Number: _____

Requested Date: _____

Requested Time: From: _____ To: _____

Purpose of Meeting: _____

Number of Participants Expected: _____

Comments: _____

Equipment available in the **TOC Room**: VCR, DVD Player, Smart Board
Additional Equipment Request: _____

Mail or fax completed form to the following address:

John D. Rockefeller Career Center
Attn: Dan Enich II, Director
80 Rockefeller Circle
New Cumberland, WV 26047
Fax: 304-564-4058

You will receive written confirmation if the date you have requested is available.

Confirmation of Reservation

Your request to reserve the **TOC Room** at the Career Center has been:

Approved _____

Denied _____ Reason: _____

Signature of Career Center Representative

Date

**JDR CAREER CENTER
SCHEDULING REQUEST FORM
Commons Area**

Organization: _____

Address: _____

Presenter's Name & Title: _____

Contact's Name: _____

Phone Number: _____ Fax Number: _____

Requested Date: _____

Requested Time: From: _____ To: _____

Purpose of Meeting: _____

Number of Participants Expected: _____

Comments: _____

Equipment available in the **Commons Area**: (tables & chairs)
Additional Equipment Request: _____

Mail or fax completed form to the following address:

**John D. Rockefeller Career Center
Attn: Dan Enich II, Director
80 Rockefeller Circle
New Cumberland, WV 26047
Fax: 304-564-4058**

You will receive written confirmation if the date you have requested is available.

Confirmation of Reservation

Your request to reserve the **Commons Area** at the Career Center has been:

Approved _____

Denied _____ Reason: _____

Signature of Career Center Representative

Date

Hancock County Schools

JOHN D. ROCKEFELLER IV CAREER CENTER
80 Rockefeller Circle
New Cumberland, WV 26047
Phone (304) 564-3337 Fax (304) 564-4058

MEETING/WORKSHOP/CLASS INFORMATION FORM

GROUP NAME: _____

NAME OF PROGRAM: _____

DATE OF CLASS: _____

TOTAL HOURS: _____

NUMBER OF MALES ATTENDED: _____

NUMBER OF FEMALES ATTENDED: _____

TOTAL NUMBER ATTENDED: _____

SIGNATURE OF PRESENTER/INSTRUCTOR

PRESENTER/INSTRUCTOR should complete this form the day of the Meeting/Workshop/Class and return to the office the same day.

Supplemental Course Code: _____
FOR OFFICE USE ONLY