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| SPACE USE REQUEST FORM – THE MEDIA ROOM | | | |
| Contact Name: |  | Event Date(s) Requested: |  |
| Contact Phone (please include an emergency, afterhours contact number): |  | Approximate Number of Guests (max. occupancy 4): |  |
| Contact E-mail: |  | Name and Title of Authorized Signatory (Contract Signer): |  |
| Organization Name and Address: |  | Event Hours (including set-up and breakdown time):  Building is accessible:  **Monday – Friday 8am – 9pm** |  |
| Please visit our website at: [**http://www.publicwelfare.org/rental-space/**](http://www.publicwelfare.org/rental-space/) for more information on our policies, procedures, and required documentation for using space in the True Reformer Building. Please utilize the website as an aide in filling out the required fields below. Please email the completed form and any questions to [**spacerental@publicwelfare.org**](mailto:spacerental@publicwelfare.org) or fax to 202.265.8851. | | | |
| Is your organization a grantee of the Public Welfare Foundation? □ Yes □ No | | | |
| Please state your organization’s mission below: | | | |
| Please provide a detailed description of the event: | | | |
| *There is no fee for using the Media Room for non-profit groups and federal government agencies.* Are you a non-profit organization with 501(c)(3) status, or a government agency?  **□** 501(c)(3) non-profit organization □ Government Agency □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Determination Letter Attached to this Form) | | | |