

UW Medicine
DEPARTMENT OF
OBSTETRICS & GYNECOLOGY

**Department of Obstetrics and Gynecology
Conference Rooms BB-667H #1-2
Usage Agreement**

Conference Room Usage Policy:

When the conference room(s) are not in use by the Department of Obstetrics and Gynecology, it is available on a first come, first served basis to groups and organizations as specified in this document. These uses are scheduled by contacting division coordinators within the Department, accompanied with payment covering the fees when applicable.

The following procedures must be followed by all external users of the conference room(s):

1. Upon arrival, the user must check with the scheduling coordinator to gain access to the space and equipment and to ensure that the premises and/or equipment used are in good condition.
2. Should the user's meeting be scheduled before or after business hours (8am-5pm) the user will be responsible for procuring access prior to their meeting.
3. **Upon completion of the meeting, the user must check with the scheduling coordinator or staff located in the education hallway to secure the space and equipment used, and to ensure that the premises and/or equipment used are clean and not damaged. This will include:**
 - Returning tables and chairs to original set-up
 - Cleaning any waste off the floor
 - Clean table surfaces/chairs from any debris
 - Ensuring that the projector is off
 - Returning the polycom system to its storage place following the instructions for dismantling (provided in the case)
4. Should the user's meeting extend past business hours, plans for check-in must be made with the scheduling coordinator.

Damage Fee:

Any damage to or loss of Conference Room equipment or Departmental property will be assessed at a cost determined by the Department Director. The cost for damages and/or loss of property will be charged to Budget #:_____.

Agreement Terms:

It is hereby understood and agreed, if this usage is granted, the user will assume all and exclusive responsibility for any damage to, or loss of property that may result from this use. User will comply with all items listed under #3 above.

Name of User's Organization or Group	
Dates Requested (include hours)*	

User Name (printed):	User Signature:	Date:
<input type="text"/>		

Scheduling Coordinator Name (printed):	Signature:	Date:
<input type="text"/>		

*If you have a recurring meeting, please request the recurrence for the current academic year.