

## The NeuroDiagnostic Institute Conference Room Request

External requests for use of the Conference Center at the NeuroDiagnostic Institute (NDI) must be secured by an approved Sponsor employed by the State of Indiana at the NDI. Both Host and Sponsor must complete and sign this Request, and then submit to [fssandiconferencecenter@fssa.in.gov](mailto:fssandiconferencecenter@fssa.in.gov). No user fees or rents may be collected by the NDI or its staff for use of the Conference Center, nor may the Host Organization or its Representative receive any financial benefit from use of the Conference.

All facilitators, attendees, and participants must provide a photo ID and sign in at front desk upon every visit. Hospital Leadership reserves the right to cancel/reschedule an event at any time if Hospital needs require it. Space may be reserved for State Agencies, Quasi-government entities, or external partners related to NDI business. We request that all cancellations be submitted immediately to the Sponsor; if non-attendance patterns are observed, Host may be denied future requests.

All facilitators, attendees, and participants are required to comply with Hospital policies, procedures, and protocols, including following all safety and security requirements. Anyone found to be in non-compliance may be asked to vacate the premises. It is expected that the Conference Center, Conference Rooms, and all NDI/State property will be treated respectfully. Host assumes responsibility for repair of any damage done by the facilitators, attendees, or participants. Food must be consumed in the Bistro or Patio areas only. Soft drinks may be consumed in the Conference Rooms only when contained in "tumbler" style containers with lids, and spills must be addressed immediately.

### HOURS

- Regular Hours: Monday-Friday 8-5PM
- After Hours: Monday-Friday 5P-10PM
- No weekends unless approved by leadership and Sponsor agrees to ownership.

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By signing this document, Host & Sponsor agree to comply with the terms set forth above.

Purpose of Event: \_\_\_\_\_

Event Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Estimated Number of Attendees: \_\_\_\_\_

Name of Hosting Organization: \_\_\_\_\_

Host Address and Phone: \_\_\_\_\_

Facilitator Name(s): \_\_\_\_\_

NDI Sponsor Name: \_\_\_\_\_ Host Rep Name: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Rep Signature: \_\_\_\_\_

Sponsor phone: \_\_\_\_\_ Rep Phone: \_\_\_\_\_