

**PHILADELPHIA HUMAN RESOURCES PLANNING SOCIETY**  
**Outreach Program**  
**Interview Skills Workshops 2009**  
**Meeting Space Facilities Form**

Can your Center City business facility host one or more workshops for up to 35 people, class room style or at scattered tables? If yes, print out and complete this form, and fax it to Krista Worobetz at 215-546-9174 or e-mail to [kworobetz@academiesinc.org](mailto:kworobetz@academiesinc.org) **by December 1, 2007.**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
(Please print)

**Company Name & Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Numbers:** Office: \_\_\_\_\_

Cell: \_\_\_\_\_ Optional

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home:\* \_\_\_\_\_ Emergency Contact Only

\* Is PHRPS authorized to list your home number on the contact information sheet distributed to all volunteers for emergency contact only? \_\_\_Yes \_\_\_No

**The following AV Equipment is needed for the program. Please indicate if they are available:**

Projector: Yes\_\_\_\_ No\_\_\_\_

Laptop: Yes\_\_\_\_ No\_\_\_\_

Screen: Yes\_\_\_\_ No\_\_\_\_

Other (please list): \_\_\_\_\_

**Dates your space is available** (please select from the interview training dates on the application to volunteer) \_\_\_\_\_

Retain a copy for your records! Thank you!