## **Langley Research Center Facility Usage Request**

Submit Form via Fax to 864-4256 or drop at Exchange, MS035, B2102, Room 157

Sponsor Request:						Date				
							Submitted			
User's				Phone		Email				
Name:				Extension:		Address:				
Sponsor	's			Phone		Email				
Name:				Extension:		Address:				
Sponsor	's Organization	:								
OUM/ Branch Chief Si (REQUIRED)			gnature:				Date:			
Use this Facility Request form for events and activities involving guest, VIPs, Tours, Food and Alcohol held on Center.							hol held on Center.			
Integrat	ed Engineer					Morale				
Services	-					Facility:				
	ocations:					,	1			
Date Requested:			Event B	Event Begins: Eve				ent Ends:		
Events Questions:										
1. Please state the title of your function/event:										
2. Is this an outside organization not affiliated with NASA? YES ONO										
3.	3. Please identify the type and number of personnel attending the event as follows:									
A. NASA-badged DOD-ba				_	ged Non-badged US Citizens					
4.	4. Will Foreign National guests be attending? YES ONO How many?									
A list of foreign nationals and accompanying escorts must be provided to Security Services Branch MS163 or call 864-3420 for more information.  If yes, security approval must be obtained. Furthermore, submit a LF 103, NASA LaRC Security Services Branch (SSB) U.S. Citizen And Lawful Permanent Resident (LPR) Visitor Badge Request Form (29 days or less) not less than 10 days prior to event. If you have questions, contact the Badge and Pass Office at ext. 42790. Copies of the Visitor Request Form(s) as well as an alphabetized list of visitors must be submitted to the Conference Manager.										
5.	Are dignitaries	attending?		YES	○ NO		ntact OSACB O			
		ps and audio/vi	sual	YES	○ NO		ntact 864-6362			
support be required?										
Contact the IESB Conference Team @ 864-6362/6361 to reserve a space/room and request for assistance with										

## **Langley Research Center Facility Usage Request**

Submit Form via Fax to 864-4256 or drop at Exchange, MS035, B2102, Room 157

7.	Does this event involve fundraising, sa solicitation or political activities?	les,	YES	○NO	If yes	s, contact OCC at 864-3221
8.	Is parking support needed for the ever	nt?	YES	○NO	If yes 8493	s, contact Security 864-
9.	Will guest(s) visit mission facilities?		YES	○NO	If yes	s, please list facilities:
Food a	and Beverage Services:					
The Exchange has a right of first refusal for all catered food and beverage services on Center. Outside catering will normally not be approved for events held at the IESB conference rooms and facilities under the oversight of the Exchange. In support of the Langley Exchange operations, catering arrangements are encouraged for larger groups. All approved alcohol service on Center must be provided by the Exchange, unless the purchase of alcohol drinks from outside vendors is authorized by the Office of the Director  Groups of over 30 and fewer than 60 people that are planning to use cafeteria services for lunch must contact the Cafeteria Manager (ext. 4-4910) to coordinate for special arrangements.						
10.	Will food be served at your event?		YES	○ NO	If yes	s, please select:
					O Po	ASA Exchange Catering ot-Luck rown Bag
11.	Will alcohol be served?		○ YES	○ NO		
NOTE: Alcoholic beverages are not permitted until after 4 p.m. Alcohol may be served only at OD- approved locations. A special approval by OD may be required for alcohol to be served at non-designated locations on Center. Contact Exchange Catering at 864-4910 for approve alcohol service.  For additional information as to what activities are permitted on center, please reference LAPD 9050.7 and LAPD 9050.8.  Submit this LF268 form to MS 035, B2102, Room 157 for events during and after duty hours.						
Reques	stor Printed Name:	Requestor Sign	nature:			Date:
Reques	ctor Additional Comments:					

## **Langley Research Center Facility Usage Request**

Submit Form via Fax to 864-4256 or drop at Exchange, MS035, B2102, Room 157

OHCM is the coordinating organization for Office of Director and Mission Support Organization concurrences/approvals: Mission Support Organizational Concurrence.						
(Requestor does not complete this section)						
ORGANIZATION	Approval/Concur/Non- concur/ N/A	Date	Comments			
Security/COD						
OSACB						
осс						
OD						
Facility Use						
OCHM Printed Name:						
OCHM Signature:						
Date:						
Additional Comments:						