



JUDITH & MARVIN HERB FAMILY  
*Simulation Center*



1) Today's date:

2) Date of event:

3) Start and end time of requested event:

4) Name of person and/or organization hosting event:

5) Email & phone number of person hosting the event:

6) Anticipated number of guests(will need final count before event):

7) Will you be catering? If yes, please include who will be catering event:

8) Will there be a presentation, if so please email it to [simulation@nchmd.org](mailto:simulation@nchmd.org) at least one week prior to the event?

9) Will you need a tour of the Simulation Center? If so, indicate the exact time of the tour.

10) Will you be using a VPN from your company or external website or app? If so, can you please provide the URL so that we can run through our IT?

11) Do you plan on serving alcohol at your event? If you are serving alcohol externally, you will need to provide an Insurance waiver. If you are catering alcohol through NCH, no further action needed.

\*\*\*\*If you would like to order catering from NCH, please contact [Downtown.Catering@nchmd.org](mailto:Downtown.Catering@nchmd.org). If you are going to cater the event, all food, drinks, and equipment will need to be cleaned up immediately after the event. Be specific when ordering the catering which room you would like the food set up in. If there is a compelling reason to serve alcohol, **an insurance rider of liability coverage** must be provided to NCH in advance of the program/event. Failure to provide the rider in advance may result in cancellation of the room reservation

It is the event organizers responsibility to put signage up, escort guests, and or greet guests upon their arrival. If you are going to give a presentation, please send the presentation to [simulation@Nchmd.org](mailto:simulation@Nchmd.org) at least one week in advance. Please also send any special requests at least a week prior to the event and include how you would like the room set up. A simulation center team member will get back to you within 48 hours to schedule a planning meeting.

\*\*\*\*Sign here that you acknowledge the above and send form back to [simulation@Nchmd.org](mailto:simulation@Nchmd.org)

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\*\*\*Directions to the Simulation Center: We are located at the Downtown Baker Campus @ NCH, 350 7th Street North, Naples, FL 34102. Our contact number is 239-624-1250. Please park in the parking garage and take the third floor doors that go into the Medical Plaza building and follow the signs that lead to the Judith and Marvin Herb Family Simulation Center. Here is a video with driving directions (copy and paste into your url)

