

Providence Willamette Falls Community Center
519 15th Street, Oregon City, OR 97045
503-216-3280 Option #1
Email: ORPSAMeetingServices@providence.org

Room Fee Waiver

Date: _____
Organization: _____

Contact person: _____

Mailing address: _____

Phone: _____
Email: _____

Are you a non-profit organization? _____ Will you be charging attendees? _____

Who is your intended audience? _____

Dates requested: _____

Other services requested: Coffee Audio Visuals

Does the service or program:

1. Improve access to health education services for vulnerable people
 Yes- if yes, please explain No (with demonstrated or well-known difficulty getting access to care - for financial, geographic, or cultural reasons). Please explain in the blank space below.

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 2. Enhance population (public or community Health). | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Advance knowledge (through educating health professionals or supporting research that benefits the public). | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Otherwise demonstrate charitable purpose, by being more evident in | <input type="checkbox"/> | <input type="checkbox"/> |

tax-exempt hospitals than in their taxable counterparts.

Please email or fax this form along with a completed room request form to:

Email: ORPSAMeetingServices@providence.org

If you have any questions please call 503-216-3280 Option #1

For office use

Approved

Denied

Amount waived _____