

SEMINAR ROOM RENTAL AGREEMENT

Day of Week _____ Time Frame _____ Date/s _____

Type of Meeting _____ # of Guests Expected _____

Lessee _____ Phone _____

Event Contact _____ Fax _____

Mail Address _____ Mobile _____

_____ Exhibitor/Sponsor _____

E-mail _____ Reps Attending _____

PLEASE CHECK APPLICABLE SPECIFICATIONS ON LEFT; ENTER APPLICABLE FEES IN RIGHT-HAND COLUMN TO CALCULATE AMOUNT DUE

DURATION

Full Day approx 5-8 hrs; i.e., 8am – 4pm @ \$500 \$ _____

Half Day approx 3-4 hrs; i.e., 8am – 12pm / 12pm – 4pm / 6pm – 10pm @ \$350..... \$ _____

1-2 hours @ \$150.00..... \$ _____

FURNITURE LAYOUT – SEE ATTACHED ILLUSTRATIONS MAXIMUM ROOM CAPACITY 50 PEOPLE

Classroom Layout TV – seats & work tables for 30-36 / Set-up \$75 \$ _____

Classroom Layout Projector – seats & work tables for 24-26 / Set-up \$75..... \$ _____

Board Meeting Layout – seats 10-12 / Set-up \$50 \$ _____

AUDIO VISUAL / MEETING AIDS

High-Definition Wide-Screen-Display Projection Screen Set-up \$25..... \$ _____

Podium, White Board, Easel (must supply own paper and markers)..... \$ no charge

Electrical access for individual work areas _____ persons @ \$7 \$ _____

Projector *In-room Only* @ \$50 \$ _____

Total Rental Fees \$ _____

Less Member / Business Member Disc 20%..... \$(_____)

Less 10+Mtg Pre-Pmt Disc 20% \$(_____)

Less Multi-Mtg Pre-Pmt Disc 10%..... \$(_____)

Prices Subject to
Change
Without Notice

CALCULATE TOTAL Amount Due \$ _____

PLEASE INITIAL EACH OF THE FOLLOWING TO INDICATE YOUR ACCEPTANCE OF THESE ADDITIONAL TERMS:

- _____ Fees for each date reserved will be charged to your credit card without further authorization 10 days prior to each date. The receipt will be emailed to you at the number provided above.
- _____ In the event of damage to facility, equipment, or furnishings, you will be liable for repair or replacement of the damaged item, whichever is less. Please use them responsibly.
- _____ Significant changes in number of guests expected (resulting in having to change room layout) received less than 2 business days prior to reserved date will incur a \$50 non-refundable fee.
- _____ Cancellations received less than 2 business days prior to reserved date will incur a \$100 non-refundable fee.

Signature _____ Date _____

Check attached MasterCard Visa **Amt \$** _____ || Name on Card _____

Card Exp _____ || Signature _____

_____ Date _____

PLEASE COMPLETE, SIGN, AND RETURN AGREEMENT WITH YOUR PAYMENT TO CONFIRM DATES REQUESTED

SEMINAR ROOM SET-UP STYLES

STYLE
CLASSROOM
TV
SEATS 30-36

PHOTO



CLASSROOM
PROJECTOR
SEATS 24-26



BOARD – SEATS 10-12

