

CONFERENCE ROOM REQUEST FORM

EVENT INFORMATION

EVENT DATE: _____

BEGIN TIME: _____ END TIME: _____

EVENT DESCRIPTION: _____

EXPECTED NUMBER OF PEOPLE: _____

ROOM OPTIONS:

☐ Conference Room 10 A/B
☐ Tables/Chairs capacity = 60 persons
☐ Chairs only capacity = 87 persons
 Fee: \$200.00/per day

☐ Conference Room 10A w/screen
☐ Tables/Chairs capacity = 36 persons
☐ Chairs only capacity = 47 persons
 Fee: \$125.00/per day

☐ Conference Room 10B w/kitchen
☐ Tables/Chairs capacity = 36 persons
☐ Chairs only capacity = 47 persons
 Fee \$125.00/per day

☐ Classroom 7
☐ Tables/Chairs capacity = 75 persons
☐ Chairs only capacity = 90 persons
 Fee: \$200.00/per day

Other: _____

BILLING INFORMATION

Name/Business

Address

City

State

Zip

Phone

Fax

TOTAL RENTAL FEE: \$ _____

DATE OF INVOICE: _____

DATE PAYMENT RECEIVED _____

FORM OF PAYMENT: ☐ Cash ☐ Check

☐ Invoice emailed

• Email: _____

☐ Invoice mailed

By signing below, I agree and will comply with the Rules for Usage

Signature

Date

Staff

Date