

**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

