

EVENT INFORMATION

Event Name	
Event Date	Event Time (Start to Finish)
Company/Organization	Responsible Person
Contact Phone Number	Contact E-Mail Address

ROOM INFORMATION

Space	With Tables	Without Tables	Member Hourly Rate	Non-Member Hourly Rate	*Set-up Fee
Training Room	60 Chairs	85 Chairs	\$50.00	\$75.00	\$50.00
Conference Room	18 Chairs	N/A	\$25.00	\$50.00	N/A

- ❖ Reservations must be made no more than 30 days in advance on a first come first serve basis.
- ❖ Full day reservations are available Monday-Friday from 8:00am – 5:00pm.
- ❖ Saturday reservations are available from 8:00am – 2:00pm.
- ❖ Evening reservations may be available upon request.
- ❖ Water and coffee are included with rental.

POLICIES

1. Any person renting Association space is **PROHIBITED** from using/publishing the association name in any promotional materials for the event. Only the address and general location is to be used.
2. All decorations, food, food containers, utensils, etc. must be removed.
3. No decorations are to be taped to walls and surface without approval of an Association Representative.
4. Excessive amounts of trash must be disposed of in trash bin located behind the building in the parking lot area.
5. Failure to abide by rules may result in an assessed \$50 fee and future booking requests may be denied.

Cancellation Policy

- ❖ Cancellations must be made **72 hours** prior to the date of the event or a 20% cancellation fee will be applied.
- ❖ All cancellation requests **MUST** be provided in writing via fax or email both of which can be located on the bottom of this form.

Liability Acknowledgment

- Please Initial to acknowledge the following:

_____ I am aware that I am responsible for any damages to the room, appliances or equipment that my occur during my use of the Associations rented space.

_____ I understand that the space shall return to its original state upon completion of the event. Failure to comply will result in an assessed \$50.00 or more fee.

_____ I understand that I am responsible for repair costs on any assessed damages attained during the event.

Credit Card Authorization

Name of Cardholder: _____ Phone: _____

Billing Address: _____

Credit Card #: _____ CVV: _____

Expiration Date: _____ Amount Authorized: \$ _____

I have read and agree to abide by the Association rental policies and requirements outlined above

Name of Responsible Person (print)

Signature

Date