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: _____________________________________________________

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TOTAL RENTAL FEE: $ __________________

DATE OF INVOICE: __________________

DATE PAYMENT RECEIVED: __________________

FORM OF PAYMENT: [ ] Cash [ ] Check

- [ ] Added to CALENDAR
- [ ] Added to TRACKING LOG

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

__________________________________________ Date

Signature

__________________________________________ Date

Staff