Educational Meeting/Conference Room Confirmation

Date of use _________________ Time (from/to) ____________________________

☐ Lower Level Meeting Room
☐ Full day $150.00 (more than 4 hours)
☐ Half day $100.00 (up to 4 hours)
☐ Evening $100.00 (after 4:30 p.m.)
☐ Room deposit $75.00 (refundable)

☐ Projector needed

☐ Upper Level Meeting Room
☐ Full day $75.00 (more than 4 hours)
☐ Half day $75.00 (up to 4 hours)
☐ Evening $75.00 (after 4:30 p.m.)
☐ Room deposit $75.00 (refundable)

Organization/Group ______________________________ Estimated attendance _________________
Contact person ______________________________ Phone (Day) ________________________
Address ______________________________________________ Phone (Night) ________________

Description of event      Equipment requests
____________________________________________________________________________________
____________________________________________________________________________________

PLEASE NOTE: Organizations or groups using the meeting room are responsible for room set-up and dismantling.

Technical equipment requests (List overhead projector, etc.)
____________________________________________________________________________________
____________________________________________________________________________________

How did you find out about our facilities? __________________________________________________
____________________________________________________________________________________

I agree that (1) no alcoholic beverages will be brought onto the premises or served; (2) no controlled substances will be used on any of the premises; and (3) no tobacco products will be used inside any of the premises (tobacco products used outside are also strongly discouraged).

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Signature of individual making reservation     Date
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Fee information
☐ No charge ☐ W/O projector $ ___________ ☐ With projector $ ___________ ☐ Room deposit $ ___________

Key checkout
Checked out key number:  2  3  4  5  Date key returned _____________ Rec'd by _____________
Scheduled by ___________________________ Date __________________

Office Use Only

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No charge ☐ W/O projector $ ___________ ☐ With projector $ ___________ ☐ Room deposit $ ___________

Key checkout
Checked out key number:  2  3  4  5  Date key returned _____________ Rec'd by _____________
Scheduled by ___________________________ Date __________________
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