

Facility Rental Form

Company Name: _____

Contact Name: _____

Requested Date(s): _____

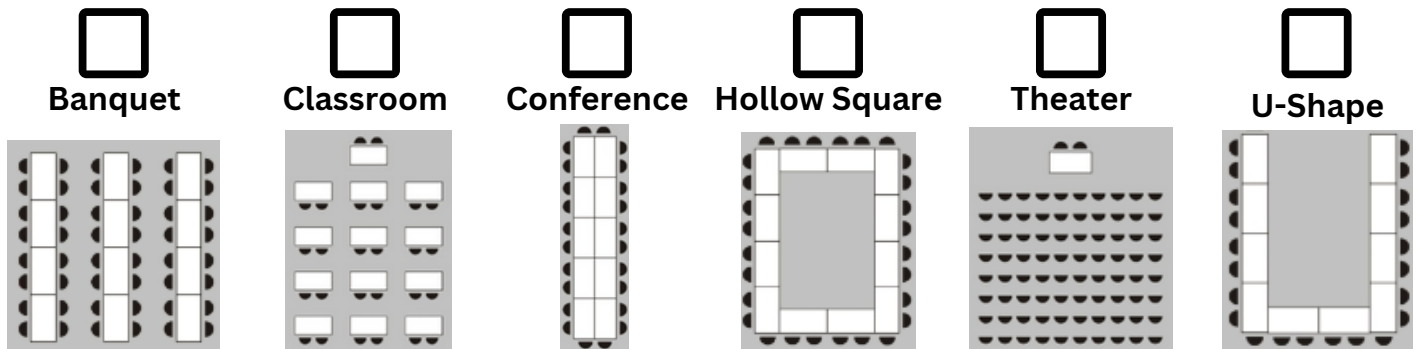
Contact Phone: _____

Requested Time: _____

Number of Attendee's: _____

(Limited accommodations outside ABC business hours)

Room set up requested



Member Rate: \$0.00 under 50 people

Non-Member Rate: \$50.00 under 50 people

Additional Service Requested

Drinks \$10 for every 10 people
(Includes 2 types of drinks listed below)

Drinks \$15 for every 10 people
(includes 3 types of drinks listed below)

Coffee

Water

Soda

\$50 for AV Services

TV

Projector

Screen

Microphone

Speaker

Additional Service Requests: _____
