



ROOM RENTAL RESERVATION FORM

EVENT DETAILS:

Event Date: _____ Event/Type: _____

Event Start/End Time: _____ / _____ Setup/Cleanup Time Needed: _____ Total Time Needed: _____

Event Representative Name	Contact Number	Email	Expected Attendance
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RESERVATION DETAILS:

Company: _____ Contact: _____
Last Name First Name

Street Address: _____ City: _____ St: _____ Zip Code: _____

Contact Information: _____
Phone Cell Fax

ROOM DETAILS:

Conference Center

Member

- 1-2 hours - \$200
- 2-4 hours - \$320
- 4-6 hours - \$400
- 6-9 hours - \$550

Non-Member

- 1-2 hours - \$225
- 2-4 hours - \$375
- 4-6 hours - \$500
- 6-9 hours - \$675

SUB-TOTAL: \$ _____

Boardroom

- 1-3 hours - \$125
- 3-5 hours - \$175
- 5-7 hours - \$225
- 7-9 hours - \$250

SUB-TOTAL: \$ _____

Conference Center Set-up

- Classroom Style (120 max)
- Round Tables (110 max)
- Theatre (130 max)

*A \$25 room re-set fee will be assessed if the room is NOT in the original set up requested.

Equipment Rentals

- Cordless Mic - \$25 each
- Wireless Lavalier - \$25
- Easels/Flip Chart - \$10 each

**TAR only allows the use of our A/V equipment. The only outside equipment allowed is a thumb drive for use with our laptops.

SUB-TOTAL: \$ _____

Security (after 5:00 p.m. & weekends)
\$18.75 per hour, 4-hour minimum (\$75)

SUB-TOTAL: \$ _____

Other Fees/Deposits

- Damage Deposit \$300
- Cleaning Fee \$ 75

(required for after 5:00 p.m. & weekends)

Coffee (\$10 per pot)
 ___ pots x \$10 \$ _____

SUB-TOTAL: \$ _____

*****THERE IS A \$25 NO SHOW FEE.**

Special Requests

Payment Information

Room Rental: \$ _____

Room Tax (2.6%): \$ _____

Equipment Rental: \$ _____

Security: \$ _____

Fees/Deposits \$ _____

RENTAL CHARGE

SUB-TOTAL* \$ _____

Paid on Balance: < \$ _____ >

BALANCE DUE**: \$ _____

*One half Rental Charge payable upon execution of Rental Agreement.

**Balance due 30 days prior to event. If less than 30 days prior to event full Rental Charge due upon execution of Rental Agreement.

