

**CONFERENCE ROOM USE AGREEMENT
For 100 North Central Office Building**

Please print or type

Requests for use of the Conference Room must be in the management office two (2) business days prior to use. Usage is arranged on a first-come, first-served basis. Management reserves the right to request payment in advance.

Tenant Name: _____ **Suite #:** _____

Your Name: _____ **Phone Number:** _____

Billing Address: _____

Today's Date: _____

Date(s) and Time(s) of Conference Room usage:

Date: _____ **From:** _____ **To:** _____
(specify A.M. or P.M)

Date: _____ **From:** _____ **To:** _____
(specify A.M. or P.M)

I hereby request use of the Conference Room according to the above dates and times specified. I understand there is a charge at the rate of \$35.00 per half day (4 consecutive hours) or \$70.00 per full day (8 consecutive hours) with a minimum charge of \$35.00. I understand that the cancellation policy requires a two (2) day notice in order to avoid being billed. If the scheduled time(s) occur outside of the standard building hours, I agree to the per hour after-hours air charge of \$45.00 per hour.

Authorized Signature

Date