



YOUR BUSINESS CONNECTION

Conference Room Rental Agreement

Thank you for your interest in reserving our conference room!

Our conference room will hold up to 18 comfortable in a classroom format with tables. The room can hold considerably more in a theatre style set up. You are welcome to move the tables/chairs around to what works best for you.

Time and Fee

The conference room is rented out based upon availability and Chamber staff availability to have someone on site during regular business hours of 9am – 5pm. Please have your start time and end time to be when the set up person will arrive, and when you anticipate the last person will leave. **The conference room is rented out in two hour increments at \$25 per two hours. There is a two-hour minimum fee.**

Cancellation fee: There is no cancellation fee if cancelled 48 or more business hours prior to reservation. Cancellations without required notice will be billed the minimum \$25.00 fee.

Food and Beverages

You are welcome to bring in food/beverages, etc. Please note that you will need to bring in everything that you will need, plates, napkins, utensils, etc. you are also asked to dispose of all garbage – we have a collection container behind our office building that you may use.

Technology

While we do have technology available, it is strongly suggested that if you plan to utilize this feature you schedule a time to review this prior to your meeting date to be sure you have necessary cables, connections, etc. to be functional.

Please fill out ALL of the fields below:

Company Name _____

Contact Name _____ Job Title _____

Email _____ Phone _____

Date Requested _____ Approximate # of Attendees _____

Number of hours needed _____

Please fill out the back side of this agreement. The conference room rental agreement will not be valid unless payment information is provided and agreement is signed.





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Payment is required - Cost per two hours is \$25

Please make checks payable to the Greater Brookfield Chamber of Commerce or payment via credit card. Fee is non-refundable.

I have included a check in the amount of \$_____

I choose to pay by credit card (please fill out the information below)

credit card number

exp. date

3-digit # on back

charge amount

billing address for card statement

billing zip code

I agree to the above payment. I also have read and fully understand the above information.

Signature _____ **Date** _____