



Mission Regional Chamber of Commerce Boardroom Rental Application Form

*(only one form required if booking is monthly)

Contact Information:

Organization Name: _____

Contact Name: _____ Phone: _____

Email: _____

Date(s) required: _____ Time: _____
(start and end time)

Rates:

| | | | | |
|-------|---|----------------------|---|-------|
| _____ | Non-profit Group (NP & Member rate) <i>(NP Members receive 1 free half day rental per month)</i> | \$35half / \$75full | = | _____ |
| _____ | Chamber Member Business | \$35half / \$75full | = | _____ |
| _____ | Non-Member Business | \$75half / \$125full | = | _____ |

Optional Equipment Rental:

| | | | | |
|-------|------------|--------|--------------------------------|-------|
| _____ | Projector | \$7.00 | Total equipment rental costs = | _____ |
| _____ | Flipcharts | \$3.00 | 5% GST on room rental = | _____ |
| _____ | TV & Audio | FREE | RENTAL GRAND TOTAL = | _____ |

PAID IN FULL FEE WAIVED

Rental Information:

- 0-4 hours is a half day, 4-8 hours is a full day.
- The room is available weekdays after 5pm and/or most weekends and holidays.
- Free WIFI, usage of white boards & materials, TV & Audio usage included in the above rates.
- Those wishing to set up regular meetings can complete the form once time for all bookings
- Minimum 24hr cancellation is required to receive a full refund, cancellation within 24hrs will see a half day charge.
- The room capacity is 20 people (approximately).
- Keys to be picked up at MRCC office and returned after use either to MRCC office or to letterbox downstairs.



Mission Regional Chamber of Commerce Covid-19 Safety Protocols

1) Before you enter the Mission Regional Chamber of Commerce (MRCC) boardroom, you must ensure that you are not experiencing any of the following Covid-19 symptoms:

- Are you experiencing any symptoms of Covid-19 (including but not limited to coughing, shortness of breath, fever, chills, loss of taste of smell...etc)?
- Has anyone in your household experienced any symptoms of Covid-19 in the past 14 days?
- In the past 14 days, have you been identified as a close contact of someone with suspected or confirmed COVID-19?
- Have you travelled outside of Canada in the past 14 days or been in contact with someone who has travelled outside of Canada in the past 14 days?

If you answer 'yes' to any of these questions please do not enter the MRCC boardroom

2) Upon entering the boardroom please ensure that you wear a mask at all times unless eating or drinking.

3) Upon entering the boardroom, please ensure that you sanitize your hands with the provided hand sanitizer.

4) Please ensure that while you use the MRCC boardroom, you maintain proper social distancing.

5) Before using any of the kitchenette equipment or serving food, please ensure that you sanitize your hands with the provided hand sanitizer.

6) When you've finished using the kitchenette supplies (mugs, silverware, plates...etc) please wash them with hot water and soap and place in the drying rack.

7) When you've finished using the fridge, microwave, and sink area, please wipe down with the provided sanitary wipes.

8) When you and your team are finished using the MRCC boardroom, please wipe down the tables, chairs, and other equipment used with the provided sanitary wipes.

9) When you are finished with the MRCC boardroom, please wipe down all the doorknobs and door handles with the provided sanitary wipes.

10) Please make a list of contact information (names and phone numbers) of your attendees in the case of a Covid-19 outbreak.



Renter Agreement

I, _____ have read and personally accept the terms and conditions listed above for use of the Mission Regional Chamber of Commerce Boardroom as well as declare that I have read and fully understood the Mission Regional Chamber of Commerce Boardroom user guide. I undertake to conform to the terms and conditions and will indemnify and save harmless the renter/owner in accordance to the attached terms and conditions. If I rent any equipment for use in the boardroom, I am responsible for the safe return with all parts of the equipment to be in full working order. I understand that I will be billed for their replacement if any parts of the equipment or Boardroom key are not returned or returned damaged. I agree to adhere to the above-mentioned Covid-19 safety protocols agree to forfeit my right to use the MRCC boardroom should these regulations not be followed.

Name: _____ Date: _____

Chamber Staff: _____ Date: _____

Signature

Date