

**The Dr. David M. Webb Learning Institute - Room Request/Agreement**

Physical address: 1631 South Wesleyan Boulevard  
 Mailing address: Post Office Drawer 7368, Rocky Mount, NC 27804  
 Fax: (252) 972-6958

**ROOM SELECTION**

**Lecture Rooms**

- |   |   |
|---|---|
| <input type="checkbox"/> Classroom A - (Seats 30) | <input type="checkbox"/> Conference Center – seats 120  |
| <input type="checkbox"/> Classroom B - (Seats 30) | <input type="checkbox"/> Board Room – seats 24          |
| <input type="checkbox"/> Classroom C - (Seats 30) | <input type="checkbox"/> Teleconference Room – seats 24 |
| <input type="checkbox"/> Classroom D - (Seats 30) |   |

**EVENT INFORMATION**

Event Title \_\_\_\_\_

Date(s) of Event: (mm/dd/yy) \_\_\_\_\_ Estimated # of Participants \_\_\_\_\_

Time of Event: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Is additional time needed for set-up?  Yes  No Expected Arrival Time: \_\_\_\_\_

Event Type:  Education Program  Professional Group  Support Group  Other

**CATERING**

Will food/drinks be served?  Yes  No

If "yes," please provide the following information:

Breakfast  Lunch  Dinner  Buffet  Individual Serving  Snacks/ Soft Drinks

Name of Caterer: \_\_\_\_\_ Caterer Phone Number: \_\_\_\_\_

**CONTACT INFORMATION**

Requesting Agency \_\_\_\_\_ Department: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Scheduler's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**REQUIREMENT**

That the requesting agency provides Area L AHEC a Certificate of Insurance showing general liability and workers compensation coverage and that the general liability names Area L AHEC as additional insured.

**ADMINISTRATIVE FEE**

A **non-refundable** administrative fee of \$100 will be required to guarantee room usage.

Please initial acknowledgment: ➔ \_\_\_\_\_

**Administrative Fee Total:** \$ 100.00

**SERVICES**

The following services are available at a charge.

| ✓               | Audio Visual                | Qty | Fee (per day) | Subtotal | # of Days | Cost (each AV) |
|-----------------|-----------------------------|-----|---------------|----------|-----------|----------------|
|                 | LCD Projector (with laptop) |     | \$ 50.00      | \$ 0.00  |           | \$ 0.00        |
|                 | LCD Projector (w/o laptop)  |     | \$ 30.00      | \$ 0.00  |           | \$ 0.00        |
|                 | Overhead Projector          |     | \$ 15.00      | \$ 0.00  |           | \$ 0.00        |
|                 | Slide Projector             |     | \$ 15.00      | \$ 0.00  |           | \$ 0.00        |
|                 | Television & VCR            |     | \$ 15.00      | \$ 0.00  |           | \$ 0.00        |
|                 | Screen                      |     | NO CHARGE     | \$ 0.00  |           | NO CHARGE      |
|                 | Easel with Pad              |     | \$ 10.00      | \$ 0.00  |           | \$ 0.00        |
|                 | Extra Easel Pad             |     | \$ 5.00       | \$ 0.00  |           | \$ 0.00        |
|                 | Microphone /sound system    |     | \$ 25.00      | \$ 0.00  |           | \$ 0.00        |
| <b>AV Total</b> |                             |     |               |          |           | \$ 0.00        |

| ✓                               | Room                              | Fee (per day) | # of Days | Total Cost       |
|---------------------------------|-----------------------------------|---------------|-----------|------------------|
| <input type="checkbox"/>        | Individual Classroom              | \$ 100.00     |           | \$ 0.00          |
| <input type="checkbox"/>        | Conference Center (A,B,C, and D)* | \$450.00      |           | \$ 0.00          |
| <input type="checkbox"/>        | Kitchen                           | \$ 75.00      |           | \$ 0.00          |
| <input type="checkbox"/>        | Board Conference Room             | \$ 75.00      |           | \$ 0.00          |
| <input type="checkbox"/>        | Teleconference Room               | \$100.00      |           | \$ 0.00          |
| <input type="checkbox"/>        | After business hours use fee      | \$ 50.00      |           | \$ 0.00          |
| <b>Room Rental Total</b>        |                                   |               |           | \$ 0.00          |
|                                 |                                   |               |           | **               |
| <b>Total Due to Area L AHEC</b> |                                   |               |           | <b>\$ 100.00</b> |

\*Includes Opening/Closing Walls

**There will be a per staff fee of \$30.00 per hour when the building is used after regular AHEC business hours.**

*\*\*If requesting agency needs tables and chairs rearranged, a price will need to be determined and added to the above total.*

**CANCELLATION POLICY**

Once signed, this agreement obligates Area L AHEC and the below named organization. Events cancelled within 10 business days prior to the event will incur a fee equal to 25% of the agreed room fees.

**AGREEMENT**

If you accept all conditions of this agreement (including the *Guidelines for Use of the Learning Institute*), please sign and return an original of this document to the address on the previous page. All arrangements are tentative until this document is signed and returned to Area L AHEC. **By signing this agreement, you indicate your understanding that you/your organization will be responsible for any damages or bodily injury incurred during your use of the facility.** It is our understanding that the undersigned is empowered by the said organization to accept this agreement.

**Area L AHEC**

**Requesting Agency**

\_\_\_\_\_  
Area L President/CEO

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date