

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) 972-0419; Phone: (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

Area L AHEC requires that the requesting agency provide 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
	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
AV Total						\$ 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
Room Rental Total				\$ 0.00
				**
Total Due to Area L AHEC				\$ 100.00

*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