

The Area L AHEC 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

- Classroom A
(30 standard capacity)
- Classroom B
(30 standard capacity)
- Classroom C
(30 standard capacity)

- Classroom D
(30 standard capacity)
- Conference Center (A,B,C, & D)
(160 standard capacity)

Board Conference Room

- 24 maximum capacity

Teleconference Room

- 24 maximum capacity

EVENT INFORMATION

Event Title _____

Date(s) of Event: _____ 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: _____

* Caterer is required to clean kitchen after use and discard of all trash from the building.

Contact Information

Requesting Agency _____ Department: _____

Agency Address: _____ Phone: _____

City, State, Zip: _____ Fax : _____

Scheduler's Name: _____ Phone: _____

Email Address: _____

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. *IT Director may be required for AV package needs.

✓	Audio Visual	Qty	Fee (per day)	Subtotal	# of Days	Cost (each AV)
<input type="checkbox"/>	*AV Package for Learning Inst.		\$ 200.00	\$		\$
<input type="checkbox"/>	*AV Package for Tele. Room		\$ 100.00	\$		\$
<input type="checkbox"/>	Easel with Pad		\$ 10.00	\$		\$
<input type="checkbox"/>	Extra Easel Pad		\$ 5.00	\$		\$
<input type="checkbox"/>				\$		\$
AV Total						\$

✓	Room	Fee (per day)	# of Days	Total Cost
<input type="checkbox"/>	Individual Classroom	\$ 100.00		\$
<input type="checkbox"/>	Conference Center (A,B,C, and D)	\$ 500.00		\$
<input type="checkbox"/>	Kitchen (if needed by caterer)	\$ 100.00		\$
<input type="checkbox"/>	Board Conference Room	\$ 150.00		\$
<input type="checkbox"/>	Teleconference Room	\$ 150.00		\$
<input type="checkbox"/>	Library	\$ 100.00		\$
Room Rental Total				\$
Staffing Total				\$
Setup Total				\$
Total Due to Area L				\$

* 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 incurred during your use of the facility. It is our understanding that the undersigned is empowered by the said organization to accept this agreement.

Requestor's Authorized Signature:

Director--Area L AHEC Learning Institute

Authorized Signature

Print Name

President, Area L AHEC

Title

Date