

Room Reservation Form

Contact Information

Requesting Agency: _____

Agency Address: _____

City, State, Zip: _____

Name: _____ Phone Number: _____

Email Address: _____

Preferred Method of Contact: ☐ Email ☐ Phone

Event Information

Event Title: _____

Date(s) of Event: _____ Time Frame of Event: _____

Expected Arrival Time (set-up): _____ Expected Departure Time (clean up): _____

Estimated # of Attendees: _____

Event Purpose: _____

Will food/drinks be served (alcohol not permitted)? ☐ Yes ☐ No

Will you have a caterer? ☐ Yes ☐ No

* You are required to clean the kitchen after use and discard all trash from the building. In the event the space is not left in the same clean condition as when you arrived, a cleaning fee of \$125.00 will be billed to the requesting agency address listed above.

Please initial acknowledgement: _____

Room Selection

✓	Room	Fee (per day)	# of Days/Hours	Total Cost <i>*Internal use only</i>
	Conference Rooms A & B Max Capacity: 60	\$ 150.00/day (≥ 5 hours) Or \$20/hour		\$
	Conference Rooms C & D Max Capacity: 60	\$ 150.00/day (≥ 5 hours) Or \$20/hour		\$
	Conference Center (A, B, C, and D) Max Capacity: 120	\$ 500.00 (≥ 5 hours) Or \$65/hour		\$

	Kitchen (non-catered events) Kitchen (if needed by caterer)	\$ 75.00/day \$ 125.00/day		\$
	Board Conference Room Max Capacity: 15	\$ 150.00/day (≥ 5 hours) Or \$20/hour		\$
	Monique Mackey Classroom Max Capacity: 28	\$ 150.00/day (≥ 5 hours) Or \$20/hour		\$
	After Business Hours Fee (in addition to room fee listed above) Business Hours: Monday – Thursday 7:30 a.m. – 5:00 p.m.	\$ 50.00/hour		\$

AV Equipment/AV Support

✓	AV/IT Support	Fee	Total Cost <i>*Internal use only</i>
	Conference Center	\$200.00	\$
	Monique Mackey Classroom	\$100.00	\$

Administrative Fee

*A non-refundable administrative fee of \$100.00 will be required to guarantee room usage.

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

Please initial acknowledgement: _____

Total Amount Due

**Internal Use Only*

Room Rental Fee	
IT/AV Fee	
Administrative Fee	
Room Setup Fee	
TOTAL:	

Cancellation Policy

Once signed, this agreement obligates Area L AHEC and the below named organization to honor the terms outlined in this form. In the event you need to cancel your room reservation, you must do so in writing. An email should be sent to info@arealahec.org.

- Payment is due 2 weeks prior to the event date. An invoice will be sent to the requesting agency's email and/or address listed above. Please note that modifications to your reservation are limited and may not be possible depending on availability and timing.
- Events cancelled within one week prior to the event will receive a 75% refund, not including the \$100 non-refundable Administrative Fee.

Agreement

If you accept all conditions of this agreement, please sign below. By signing this agreement, you indicate your understanding that you/your organization will be responsible for any damage incurred during your use of the facility.

Five to seven business days after the agreement has been signed, an invoice will be sent to the contact email address listed above. Payment is due upon receipt.

Requestor's Signature

Date

President/CEO Area L AHEC

Date

POST OFFICE DRAWER 7368 | ROCKY MOUNT, NORTH CAROLINA 27804-7368

TELEPHONE: (252) 972-6958 | FAX: (252) 972-0419 | www.arealahec.org

In association with the School of Medicine, University of North Carolina at Chapel Hill Area Health Education Centers Programs