

Facility Use Request Form

Company Name: _____

Contact Person _____

Phone: _____

Email: _____

Member Room Rates:

8 am – 5 pm, \$60/hr
5 pm – 10 pm, \$75/hr

Future Member Room Rates:

8 am – 5 pm, \$100/hr
5 pm – 10 pm, \$125/hr

Corporate Partners of the Chamber may utilize the conference room **at no charge**.
Premier Members of the Chamber may utilize the conference room **at half price**.

Date(s) room will be needed: _____

Time(s): _____

Room Requested: Conference Room (Seats up to 28)
 Library (Small meeting room – seats up to 6)

Audio/Visual Equipment Requested:

☐ Whiteboard ☐ Projector ☐ Flip Chart

Number of Attendees Expected: _____

Signature: _____ **Date:** _____

*NOTE: If your request is cancelled or rescheduled, please call the Chamber as soon as possible.
If any damage occurs to the room, or equipment, the party that reserved the room will be held responsible to
fix or replace damaged property.*