



CONFERENCE ROOM RESERVATION FORM

CONFERENCE ROOM SELECTION DETAILS

Conference Room Reservation may be scheduled during normal operating hours (Monday – Friday from 8 AM to 4 PM) and are subject to availability. Please initial to select Conference Room below along with use of requested items.

CONFERENCE ROOM #1 - Ground Floor Level:

Max Capacity: 30 people with tables and chairs. 60 people if tables are not needed.

Rental Rates:

- Non-Members
 - \$75 - Half Day Rental; up to 4 hours (minimum amount)
 - \$125 – Full Day Rental; up to 8 hours
- Members
 - No Charge during normal business hours; max use twice a month
 - \$30.00 per hour for After Hours usage.
 - After hours usage is available exclusively to current members of the Board of Directors due to liability purposes.

Technology & Presentation Equipment

Needed (select all that apply):

- ___ Stand-up podium
- ___ Wi-Fi Access
- ___ 50" Flat Screen TV with HDMI Port Access
- ___ HDMI Cable
- ___ 70" Whiteboard & Dry-Erase Markers
- ___ Easel Stand for Paper Flipcharts
*(flipcharts & markers to be furnished by renter)
- ___ Access to Kitchen Area

CONFERENCE ROOM #2 - Second Floor Level

Max Capacity: 10 people with table and chairs. Additional space to add extra seating (chairs only). *Conference Room #2 is not ADA Accessible.

Rental Rates:

- Non-Members
 - \$45 - Half Day Rental; up to 4 hours (minimum amount)
 - \$70 – Full Day Rental; up to 8 hours
- Members
 - No Charge during normal business hours; max use twice a month
 - \$20.00 per hour for After Hours usage.
 - After hours usage is available exclusively to current members of the Board of Directors due to liability purposes.

Technology & Presentation Equipment

Needed (select all that apply):

- ___ Table-Top Podium
- ___ WiFi Access
- ___ 40" flat screen television with HDMI port access
- ___ HDMI cable
- ___ Easel Stand for paper Flipcharts
*(flipcharts & markers to be furnished by renter)
- ___ Access to Kitchen Area

CONTACT INFORMATION

NAME OF BUSINESS/ORGANIZATION: _____

MEETING CONTACT NAME: _____ PHONE #: _____

E-MAIL ADDRESS: _____

RESERVATION DETAILS

MEETING DATE: _____ MEETING TIME: FROM: _____ AM/PM TO: _____ AM/PM

PURPOSE OF MEETING: _____

OPEN TO THE PUBLIC? (circle one) YES NO NUMBER OF EXPECTED ATTENDEES: _____

CONFERENCE ROOM REQUESTED: _____ Conference Room #1 _____ Conference Room #2

ARE YOU A CURRENT MEMBER OF THE ENTERPRISE CHAMBER OF COMMERCE? _____

*All Renters are subject to a \$50.00 Cleaning Fee; Refundable upon clear inspection. All Renters are subject to a cancellation fee of 50% of total amount due if room is cancelled without 24-hour written notice.

BOOKING FEES:

Rental Rate: # of Hours _____ = \$ _____

Damage Deposit Amount Required = \$ _____

Cleaning Fee Deposit Amount Required = \$ _____

Total Amount Due _____ = \$ _____

OFFICE USE ONLY	Amount Pd:	Approved By:	Date:
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ACKNOWLEDGMENT

Please read and initial each statement below to indicate that you acknowledge, understand, and agree to the following:

_____ I understand and agree that I must provide a written notice at least one (1) business day prior to meeting date to avoid cancellation fees.

_____ I understand and agree that all requests are subject to approval and availability by the Enterprise Chamber of Commerce.

_____ I understand and agree to that my meeting reservation will not disrupt the Chamber's daily operations and will make every attempt to keep noise levels at a normal volume.

_____ I understand and agree that should a Chamber staff member be requested for advanced assistance, for extended periods of time, that I must make the request in advance to prepare staff and avoid scheduling conflicts.

_____ I understand that I am responsible for the total amount due, including damage and cleaning fee deposits at time of booking.

_____ I understand that I must clear inspection by a Chamber staff member to receive a refund for any damage deposits or cleaning fees paid at time of booking.

In addition to acknowledging the statements above, I have also read the attached pages of the Enterprise Chamber of Commerce Conference Room Rental Policy and Procedures and agree to comply with its provisions.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

OFFICE USE ONLY	Inspected By:	Date:
Total Damage Deposit & Cleaning Fees to be Refunded:		
Date Refunded:		
Notes:		



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