



OVERLOOK



Conference Facility Reservation

Company: _____

Contact Person: _____

Phone: _____ Email: _____

Date Requested: _____

Time: _____

Circle one

Will you require use of the a/v equipment (TV, dvd player)?	Y	N
Will you require use of telephone?	Y	N

Conference Facility / Training Center Rules:

1. Conference Facility usage fees: \$250/half day or \$400/full day
2. To reserve the room, email the Conference Facility Reservation form to Overlook@goddard-group.com or via fax to 770-319-9599. You will receive an email confirmation if the date is available. You will receive a phone call or email if the date is not available.
3. Conference Facility reservations can be made up to 8 weeks in advance and are on a first come, first serve basis.
4. Conference Facility may be reserved no earlier than 7AM and no later than 6PM.
5. Any damages to the Conference Facility or the equipment will be the responsibility of the tenant and must be reported immediately.
6. No cooking in the room.
7. Do not remove furniture or any items from the room. The room will be inspected prior to use and after use.
8. Local calls are free, but tenant will be charged for long distance calls.
9. Cancellation fee of \$50.00 will be charged if cancelled with less than 24 hours notice.
10. Charges for the Conference Facility will appear on your monthly statement.
11. There will be an additional \$150.00 set up fee charged to your account for any requests to modify and/or set up conference rooms. Please allow a 24hr notice to include time for room set-up and breakdown.

I am an authorized person to incur charges on behalf of my company. I understand there is a charge based on a half or full day use (See item #1 above) to use this conference room.

Signature

Print Name

Fax this form to 770-319-9599. You will receive an email confirmation of your reservation.

Office Use Only

Reservation entered onto calendar

Initialed

OVERLOOK III

CONFERENCE ROOM EQUIPMENT CHECK OUT FORM

Company Name: _____ Suite #: _____

Name of Contact: _____

Contact Telephone Number: _____

Contact Email Address: _____

Date of Check OUT: _____ Time: _____

Date of Return IN: _____ Time: _____

ITEM DESCRIPITONS

- Podium Keys (Wireless Headset)
- Conference Room Telephone
- Microphone # 1
- Microphone #2
- Coffee Container #1
- Coffee Container #2

I understand that all items I have checkout out must be returned in good and working condition and my company will be held responsible for any items that are damaged, stolen, or misplaced.

X _____ Date: _____

Signature of Contact listed above