

OVERLOOK III

Conference Facility Reservation

Company _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Date or Dates Requested _____

Start Time _____ End Time _____

Circle One:

- Will this reservation require a specific Set Up or Arrangement? YES or NO
- *If you answered YES, please attached a diagram*
- Will you require use of the Audio-Visual Equipment? YES or NO
- Will you require use of the Telephone? YES or NO

Conference/ Training Center Rules:

1. Conference Room Facility usage fees: \$400 for a full day (over 4 hours) or \$250 for a half day (4 hours or less).
2. To reserve the room, email the Conference Room Reservation Form to the Overlook@goddard-group.com!
3. If approved, you will receive an email confirming your reservation or if the date is unavailable. Please allow up to 24 hours to respond to all requests.
4. If you would like the room Set Up to your specific way by our staff, please provide us with a diagram of the arrangement. The additional cost for this service is \$150.
5. Conference Facility reservations can be made up to 8 weeks in advance and are on a first-come, first-serve basis.
6. Conference Facility may be **entered no earlier** than 7AM and **must be vacated** no later than 6PM. (NO EXCEPTIONS)
7. Any damage to the Conference Facility or the equipment will be the responsibility of the tenant and must be reported - immediately
8. No cooking in the room.
9. Do not remove furniture or any items from the room. The room will be inspected prior to use and after use
10. Cancellation fee of \$50.00 will be charged if cancelled with less than 48-hour advance notification.
11. Charges for the Conference Facility will appear on your monthly statement.

I am authorized to incur charges on behalf of my company. I understand there are charges associated with the Overlook III Conference Room Reservation.

Signature

Printed Name

Below is for Property Management Staff Use only:

Reservation entered on calendar

Set-Up Confirmed

Initialed



OVERLOOK III

CONFERENCE ROOM EQUIPMENT CHECK OUT FORM

Company Name: _____ Suite#: _____

Contact Email Address: _____ Telephone #: _____

Time: _____

Date of Check OUT: _____

Time: _____

Date of Return IN: _____

ITEM DESCRIPTIONS

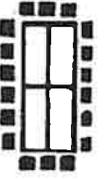
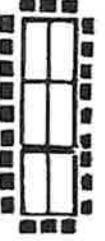
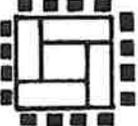
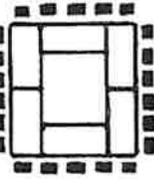
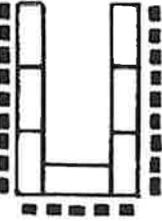
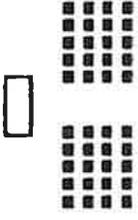
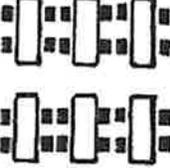
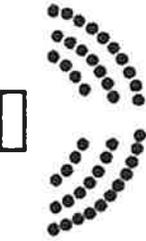
- Podium Keys (Wireless Headset)
 - Conference Room Telephone
 - Microphone # 1
 - Microphone #2
 - Coffee Container #1
 - Coffee Container #2
-

I understand that all items I have checked 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.

Signature of Contact listed above

Date:

Large Meeting Room Setup Options

<p>Setup 1 2 tables up to 12 chairs</p> 	<p>Setup 2 4 tables up to 18 chairs</p> 
<p>Setup 3 6 tables up to 24 chairs</p> 	<p>Setup 4 4 tables up to 16 chairs</p> 
<p>Setup 5 6 tables up to 24 chairs</p> 	<p>Setup 6 7 tables up to 24 chairs</p> 
<p>Auditorium Setup 7 podium or table up to 80 chairs</p> 	<p>Setup 8 up to 9 tables up to 24 chairs</p> 
<p>Semi-circle Setup 9 podium or table up to 40 chairs</p> 	<p>Setup 10 9 tables up to 27 chairs</p> 