

CONFERENCE ROOM REQUEST FORM

Date of Event: _____ Start Time: _____ End Time: _____

COMPANY NAME: _____

COMPLETE THE FOLLOWING:

- Smart-Detroit Tenant
- Penobscot Building Tenant
- First National Building Tenant
- External or New Clientele

● Business Address / Suite Number: _____

Phone: _____ e-Mail Address: _____

Fax: _____ Contact Person: _____

CONFERENCE ROOM SELECTION *(based on availability and time):*

_____ Total number of attendees Please fax a floor diagram

PLEASE INDICATE EQUIPMENT NEEDED: *(Equipment Charges Do Apply - ask for a complete list of prices)*

- Video Conferencing
- TV / VCR
- Whiteboards
- Multi-Media Projector
- Overhead Projector
- Teleconferencing
- Slide Projector
- Easel & Paper
- Please fax price list

OTHER:

CATERING:
Check here to have a catering order form faxed to you.

You must cancel your catering 48 hours prior to your scheduled time. Should you cancel after this time period you agree to pay for your total bill including a 15% service fee.

*If you choose to use outside catering, a 35.00 clean up fee will apply

I, _____, agree that we have satisfactorily received the above referenced services.

ACKNOWLEDGMENT:

The conference facility hours are Mon-Fri 8a.m. to 5p.m. Should your meeting/event be before or after normal business hours a \$75 per hour fee will apply (billed in 30 minute increments). The full amount of your meeting/event/catering must be paid in full 3 days prior. Any other charges incurred that day must be paid the same day if you are not a tenant or within 15 days of receiving your invoice, fail to do so will result with an additional \$35 late fee charge.

CATERING

Any changes, additions, stipulations or deletions including corrective lining out is prohibited.

CANCELLATION

In the event (**YOUR COMPANY**) cancels a meeting room; the following cancellation policy will apply:
3 days before 100% Refundable **1 day** before: 20% Refundable
2 days before 80% Refundable Day of: 0% Refundable

DAMAGE TO FUNCTION SPACE

(**YOUR COMPANY**) agrees to pay for any damage to the meeting space that occurs while using it. (**YOUR COMPANY**) will not be responsible, however, for ordinary wear and tear or for damage that it can show was caused by persons other than (**YOUR COMPANY**) and its attendees.

CHANGES, ADDITIONS, STIPULATIONS OR LINING OUT

Any changes, additions, stipulations or deletions including corrective lining out is prohibited.

UNATTENDED ITEMS/ADDITIONAL SECURITY

Smart-Detroit cannot ensure the security of items left unattended within the conference facility.

ACCEPTANCE

By signing this document you are (**YOUR COMPANY**) legally adhering to all rules, regulations and policies of Smart-Detroit.

PRINT NAME _____ SIGNATURE _____

FOR OFFICE USE ONLY

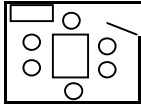
Confirmed By: _____ Location: _____

Date: _____ Comments: _____

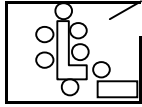
CONFERENCE ROOM DIAGRAM



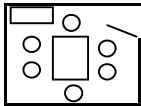
CONFERENCE ROOM SELECTION *(based on availability and time):*



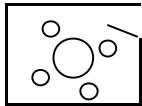
Conference **Room 1**
seats up to 6



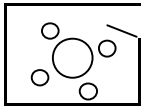
Conference **Room 5**
seats up to 6 comfortably
can seat up to 8 if needed



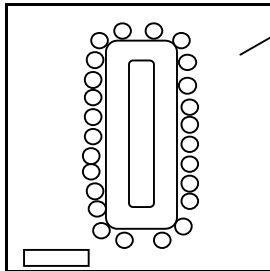
Conference **Room 2**
seats up to 6



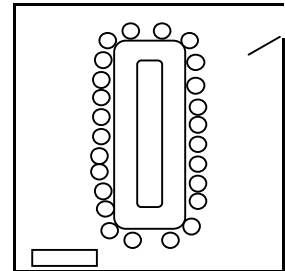
Conference **Room 6**
seats up to 4



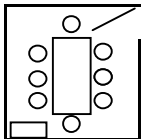
Conference **Room 3**
seats up to 4



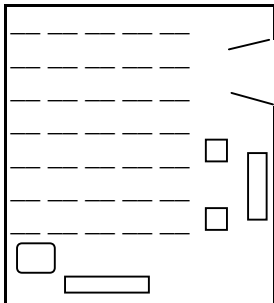
Global **Boardroom 1**
seats up to 25



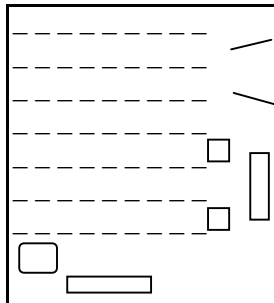
Global **Boardroom 2**
seats up to 25



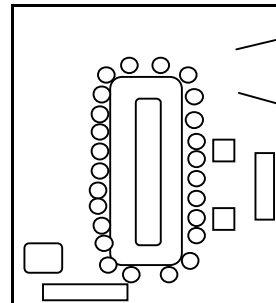
Conference **Room 4**
seats up to 8



Seminar Room
CLASSROOM
NO CHARGE
Standard Setting
seats up to 40



Seminar Room
SEMINAR (chairs only)
\$25 Set up charge
2 day notice required
seats up to 80



Seminar Room
HALLOW SQUARE
\$25 Set up charge
2 day notice required
seats up to 40

Pricing Schedule Agreement

Please specify the equipment you will need to help support your event/meeting:

| Audio/Visual Equipment | Hourly Rate | Daily Rate |
|--|-----------------------------------|-------------------|
| _____ Video Conferencing _____ Start time _____ *End time | \$100.00/ hour + Phone Charges | |
| _____ Audio Conferencing | \$.50/ Minute | |
| _____ LCD Projector | \$ 50.00 | \$350.00 |
| _____ Overhead Projector | \$ 10.00 | \$50.00 |
| _____ VCR/DVD Player/31" | \$ 15.00 | \$80.00 |
| _____ Projector Screen | Included with the room | |
| Miscellaneous Equipment | | Flat Rate |
| _____ Flip Chart with Easel | | \$10.00 |
| _____ - With paper and Markers | | \$25.00 |
| _____ - Tablet refill | | \$10.00 |
| _____ Tri Pod Easel | | \$10.00 |
| _____ Portable Dry Erase Board | | \$10.00 |

*You are responsible for checking out at the front desk to report your Video Conference end time. If you leave without reporting your end time, you will be charged for the full length of conference room time scheduled.

I, _____, agree that we have requested the above selected equipment and accept full responsibility for charges incurred and associated with the usage of the selected equipment.