



Meeting Room Rental Agreement

* 1. Professional organization requesting use of LAPDA's meeting space:

Name:

Company:

Address:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

* 2. Contact Phone Number:

3. Email Address:

* 4. Date(s) requested:

* 5. Briefly describe the meeting or training you wish to schedule:

6. Set up begins at what time?

7. Meeting begins at what time?

8. Meeting ends at what time?

9. Room will be vacated by

10. Please indicate which equipment you will need

- Screen (Free)
- Overhead Projector A (Free)
- Overhead Projector B (Free)
- Extension Cords (Free)
- General Meeting Supplies (\$15/day)
- note pads for participants
- pens and pencils,
- sticky notes.

Other (please specify)

* 11. I have read the Rental Agreement (updated August 1, 2007) and understand the rules, rates, and obligations specified therein.

Please sign & print name and title.

If you have questions, please contact LAPDA at 224-9110 or

info@lapdvt.org

Please fax to 802-224-9113

or mail to LAPDA

250 Main Street, Suite 202

Montpelier, VT 05602