



Overlook II Conference Facility Reservation

Company: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Date (s) Requested: _____ Approx. Number of Attendees: _____

Start Time: _____ End Time: _____

Circle One:

- Will you require use of the Television or HDMI Cord? YES or NO
- Will you require use of the Telephone? YES or NO

Conference/ Training Center Rules:

1. Conference Room Facility usage fees: \$250 for a full day or \$150 for a half day.
 - a. (A "Full Day" is 4 hours or more - a "Half Day" is 4 hours or less)
2. To reserve the Conference room, email the **Conference Room Reservation Form** to the Property Administrator at overlook@goddard-group.com.
3. All request must be made at least 48 hours prior to the proposed reservation date.
4. You will receive an email confirming your reservation or if the requested date is unavailable. Conference Facility reservations are made available on the first come, first serve basis.
5. Conference Facility may be reserved no earlier than 7AM and no later than 6PM.
6. Any damages to the Conference Facility or the equipment will be the responsibility of the tenant and must be reported - immediately.
7. Do not remove furniture or any items from the room. The will area will be inspected prior to use and after use.
8. Local calls are free. However the tenant will be charged for long distance calls.
9. Cancellation fee of \$50.00 will be charged if cancelled with less than 24 hour advance notification.
10. 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 II

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 DESCRIPTIONS

- ☐ Conference Room Telephone
- ☐ Television Remote Control
- ☐ HDMI Cord

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 Authorized Contact Person

Date