

# HCL Meeting Room Agreement

## Contact Information

Name of Organization	
Contact Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Requested Availability

Rental Date	
Rental Time	
Estimated Duration of Meeting	
Number of Rooms	

## Which of the Following Descriptions Best Fits Your organization?

Non profit	<input type="checkbox"/>
Private business	<input type="checkbox"/>
Club	<input type="checkbox"/>
Educational	<input type="checkbox"/>
Government	<input type="checkbox"/>
Other	<input type="checkbox"/>

## Agreement and Signature

I certify, by my signature, that I have received, read and understood the conditions for use of this facility, and agree to abide by the conditions, rule and regulations stated therein, and that the above information is accurate.

Name (printed)	
Signature	
Date	