



ICBND CONFERENCE ROOM RENTAL AGREEMENT

CONTACT INFORMATION:

Name: _____ Date: _____

Business Name: _____

Mailing Address: _____ Phone: _____

Email Address: _____

Rental Date(s) Requested: _____

Times (Please include set-up & tear down time): _____

Purpose of rental use: _____

Estimated Attendance: _____

RENTAL NEEDS:

Half Day (4 hours or less) \$100

Full Day (8 hours) \$175

Theatre
MAX SEATING: 38

Classroom
MAX SEATING: 24

U-Shape
MAX SEATING: 16

Hollow Square
MAX SEATING: 20

CATERING

Yes

No

Caterer: _____

Do you need an ICBND representative to arrange catering? *If yes, a \$25 service fee will be charged in to actual catering costs.*

Yes

No

RENTAL INCLUDES:

- Fees include available A/V equipment, screens, white board and flip chart easels (markers and paper not included).
- Bottled water and coffee.
- Use of kitchenette if pre-arranged with ICBND staff. Kitchenette includes refrigerator, small sink, dishwasher, galley counter, etc.

RENTAL TERMS:

- Payment is due upon completion of event.
- 50% of the rental fee will be charged for all cancellations occurring fewer than seven days prior to scheduled use.
- After hour events or events with alcohol may require additional security fees.