



SAN ANTONIO APARTMENT ASSOCIATION, INC.
PROFESSIONAL DEVELOPMENT CENTER
RENTAL REQUEST

*Please complete and email back to SAAA at
tracy@saaaonline.org*

SAAA Member Company _____

Reserved by _____ Title _____

Phone# _____ Fax# _____ E-mail _____

Date(s) Requested _____ Time(s) Needed _____

**Services & room rentals available Monday thru Friday
only, 9:00 am to 5:00 pm**

Full Day

Half Day

Please indicate selection(s)

Up to 8 hours

Up to 4 hours

Barbara MacManus Professional Development Center

\$350.00

200.00

Classroom style seating (seats up 68) # of seats _____

Theatre style seating (seats up to 80) # of seats _____

Additional Options Available:

Power Point Projector, laptop & screen

\$175.00

\$100.00

Wireless internet service

\$20.00

\$20.00

Wireless mic

\$50.00

\$25.00

Coffee service (18 cup pot, \$8.00 per pot)

#pots _____

Assorted Soft Drinks & Bottled Water

.50 each

#Regular _____ #Diet _____ #Water _____

Additional Comments: **Assorted soft drinks & bottled water not ordered in advance will be available at .75 each.*

Please remember to attach a copy of the materials or subject matter to be covered.

I have read and acknowledge the SAAA Professional Development Center & Conference Rooms Facility Rental Agreement.

Signature _____ Date _____

<i>Account # _____ PO# _____</i>		Office Use Only		SUBTOTAL _____ TAX _____ TOTAL _____
<i>Approved by _____ Date _____</i>		<i>Invoice# _____ Time _____</i>		
<i>Materials approved by _____ Date _____</i>		<i>_____</i>		
<i>Cancellation Made by _____ Date _____</i>		<i>_____ Time _____</i>		