



IRVINE MEETING ROOMS

MEETING ROOM REQUEST FORM

Fax to: (866) 312-9936

Name of Organization _____

Contact Person(s) _____

Position _____

Address _____ City _____ ZIP _____

Phone _____ Fax _____

E-mail Address _____

Purpose of Meeting(s) _____

Dates: _____ Time: from _____ to _____

No. of People Expected ____ No. of Chairs _____ No. of Tables _____

EQUIPMENT*: Overhead Projector Dry-erase Board Screen(s) LCD Projector

* Available on a first-come, first-served basis and MUST be booked in advance. Last-minute requests are not guaranteed. Day-of requests will incur a \$20 additional charge.

Use of Property and Equipment: I agree that I will leave the room and equipment clean and undamaged for the next group. I acknowledge that I will be charged full retail value for damage to the room or equipment incurred during my use of the room.

Waiver of liability: I agree that Irvine Meeting Rooms shall not be liable for any use to which the premises are put by this organization, or any damage either to person or property because of any injury, loss of life, loss or damage to or total destruction of merchandise or property resulting from such use. All personal property on the premises shall be there at the risk of the organization, and Irvine Meeting Rooms shall not be liable for any damage thereto or the theft thereof.

I have read the meeting room policy, and as a representative of the organization requesting meeting room use, I agree to abide by these policies and give waiver of liability. By acting as the representative, I understand that I may be held responsible for charges or damages incurred by the organization.

Signature: _____

Date: _____

To be completed and returned to:

Irvine Meeting Rooms
2182 DuPont
Irvine, CA 92612
Phone (888) 351-8555 or Fax (866)312-9936

Please keep a copy of this request form and meeting room policy for your records.