



# CONFERENCE ROOM USE REQUEST/AGREEMENT

www.clevelandairport.com

## CONTACT INFORMATION

NAME	ADDRESS
COMPANY/ORGANIZATION	
PHONE	
CELL PHONE	
E-MAIL ADDRESS	FAX NUMBER

HOW DID YOU HEAR ABOUT OUR CONFERENCE ROOMS?

## EVENT INFORMATION

DESCRIPTION OF EVENT				
TODAY'S DATE	DATE OF EVENT	START TIME OF EVENT	END TIME OF EVENT	ANTICIPATED NUMBER OF ATTENDEES

## FEES

Conference Room (Sq. Footage)	Room Charge
1-500 sq. feet	<input type="checkbox"/> \$200 per day
	<input type="checkbox"/> \$100.00 per 1/2 day
	<input type="checkbox"/> \$25.00 per hr.
501-1,000 sq. feet	<input type="checkbox"/> \$250.00 per day
	<input type="checkbox"/> \$150.00 per 1/2 day
	<input type="checkbox"/> \$30.00 per hr.
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
1/2 day (4 hrs.)	Full day (8 hrs. or longer)
Rooms available on secure and non-secure side	
Room Used:	Total Charges: \$

## PAYMENT METHOD

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> CHECK	<input type="checkbox"/> CASH
Card Number				EXPIRATION DATE	

## SIGNATURE APPROVAL

The person signing this agreement is responsible for supervision and clean-up of the room. By submitting this application it does not automatically grant approval for use of the room. You will be notified by phone or e-mail when your application has been approved. This agreement is considered a request, once the agreement is signed by the Airport Director or the Director's appointed designee the agreement becomes binding. The City reserves the right to refuse use of a room for any activity that is deemed in violation of federal, state or local laws, codes or ordinance or for demonstrated past failure of the user to comply with the rules and regulations.

By signing this agreement you agree to indemnify, defend and hold harmless the City of Cleveland, Department of Port Control and their respective directors, and employees from and against any and all suit claims, losses, injuries, penalties, demands, expenses, or judgments arising from or in connection with my/our meeting.

I have read the rules and regulations for the meetings rooms and will abide by them.

SIGNATURE OF USER'S AUTHORIZED REPRESENTATIVE	DATE
SIGNATURE OF AIRPORT DIRECTOR OR DESIGNATED REPRESENTATIVE	DATE
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED

**Fax completed form to Dan Psimer: (216)781-5738  
For Questions and Scheduling call Dan Psimer: (216)664-4530**