



# CONFERENCE ROOM USE REQUEST/AGREEMENT

www.clevelandairport.com

## CONTACT INFORMATION

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

**HOW DID YOU HEAR ABOUT OUR CONFERENCE ROOMS?**

## EVENT INFORMATION

**DESCRIPTION OF EVENT**

<b>TODAY'S DATE</b>	<b>DATE OF EVENT</b>	<b>START TIME OF EVENT</b>	<b>END TIME OF EVENT</b>	<b>ANTICIPATED NUMBER OF ATTENDEES</b>
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## FEES

Conference Room (Sq. Footage)	Room Charge
1-500 sq. feet – <b>SMALL BAGGAGE CLAIM CONFERENCE ROOM</b>	<input type="checkbox"/> \$250.00 per day
	<input type="checkbox"/> \$125.00 per 1/2 day
	<input type="checkbox"/> \$ 50.00 per hr.
501-1,000 sq. feet – <b>CLEVELAND PLUS ROOM</b>	<input type="checkbox"/> \$300.00 per day
	<input type="checkbox"/> \$150.00 per 1/2 day
	<input type="checkbox"/> \$ 60.00 per hr.
Over 1,001 sq. feet (secure side Only) – <b>HOPKINS ROOM</b>	<input type="checkbox"/> \$450.00 per day
	<input type="checkbox"/> \$225.00 per 1/2 day
	<input type="checkbox"/> \$ 75.00 per hour

<b>1/2 day (4 hrs.)</b>	<b>Full day (8 hrs. or longer)</b>	<b>Rooms available on secure and non-secure side</b>
<b>Room Used:</b>		<b>Total Charges: \$</b>

## PAYMENT METHOD

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> CHECK
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.**

<b>SIGNATURE OF USER'S AUTHORIZED REPRESENTATIVE</b>	<b>DATE</b>
<b>SIGNATURE OF AIRPORT DIRECTOR OR DESIGNATED REPRESENTATIVE</b>	<b>DATE</b>

APPROVED  DENIED

**Fax completed form to Nancy Ortiz: (216)265-6021  
For Questions and Scheduling call Nancy Ortiz: (216)265-6086**