The Department of Port Control ("Department") welcomes external organizations, tenants, and staff to utilize the meeting space available for rent at Cleveland Hopkins (CLE) and Burke Lakefront (BKL) Airports on a first-come, first-serve basis. The following policy outlines the expectations for all users of conference rooms. If portions of this policy need clarification or the Department may be of further assistance, please do not hesitate to contact us directly.

Currently, the Department does not provide telephones, projectors, or computer equipment; however, users may supply and use their own audio-visual equipment. Users may sign into the Airport’s free public wireless service.

The use of the space is restricted to the specific event stated below (hereinafter referred to as the “Agreement”). The Agreement is non-transferable; space can only be used for approved purposes. The Airport reserves the right to approve or disapprove the meeting room use by any group, company, or individual.

Please complete the required fields below to make a reservation at CLE or BKL. Completed forms must be sent via e-mail as follows:

Burke Lakefront Airport all requests: Joel Woods (216)664-4530 - jwoods@clevelandairport.com
Hopkins Room – (Hopkins) Maria Orta-Mejia (216)265-3387 – morta-mejia@clevelandairport.com
Cindy Haney (216)265-6109 – chaney@clevelandairport.com
Cleveland + Room (bag claim level) (Hopkins) Terry O’Brien (216)265-3344 tobrien@clevelandairport.com

Requests must be submitted four (4) days before the use date.

Contact Information

Today’s Date: ____________________________
Meeting Requester: __________________________________________________________
Organization Name: ____________________________________________________________________________
Address: ____________________________________________________________________________________
City________________________________________State_________Zip ________________
E-mail: ____________________________________________________________
Primary Phone: ________________________________________________________________________________
EVENT INFORMATION

Event Location: □ Cleveland Hopkins   □ Burke Airport

Brief Description of the Event Being Held: _______________________________________________________________

Date of Event: __________ Start Time __________ End Time____________ No. of Attendees: _____________

<table>
<thead>
<tr>
<th>Description</th>
<th>Capacity</th>
<th>Day Rate (8 hrs.)</th>
<th>Day Rate (4 hrs.)</th>
<th>Hourly Rate</th>
<th>Check Appropriate Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>BKL-Small Conference Room</td>
<td>8</td>
<td>$300.00</td>
<td>$150.00</td>
<td>$40.00</td>
<td></td>
</tr>
<tr>
<td>BKL-Large Conference Room</td>
<td>16</td>
<td>$400.00</td>
<td>$200.00</td>
<td>$50.00</td>
<td></td>
</tr>
<tr>
<td>BKL-Main Lobby/West Concourse (must provide own tables and chairs)</td>
<td>100</td>
<td>$1,200.00</td>
<td>$600.00</td>
<td>$300.00</td>
<td></td>
</tr>
<tr>
<td>CLE-Bag Claim-Cleveland Plus Room</td>
<td>30</td>
<td>$400.00</td>
<td>$200.00</td>
<td>$70.00</td>
<td></td>
</tr>
<tr>
<td>CLE-Hopkins Room (SIDA Area)*</td>
<td>35</td>
<td>$1,200.00</td>
<td>$600.00</td>
<td>$300.00</td>
<td></td>
</tr>
<tr>
<td>CLE-Stephanie Tubbs Jones Gallery (RTA Level)</td>
<td>250</td>
<td>$400.00</td>
<td>$200.00</td>
<td>$70.00</td>
<td></td>
</tr>
<tr>
<td>SIDA (Security Identification Display Area)*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PAYMENT METHOD

Credit Card (Discover, MasterCard, and Visa Only):

Card #: ____________________________ Exp. Date ____________________________ Security Code: ____________________________

Name as it appears on Card: _____________________________________________________________

Billing Address for Cardholder: __________________________________________________________

Signature of Cardholder: ____________________________ Date: __________________________

Check # (if paying with a check): ____________________________

(Make Checks payable to the City of Cleveland)

RULES AND REGULATIONS

The Department rules and regulations that govern the use of airport conference rooms are as follows:

- Applicant must be 18 years of age or older
- Rental must be for a legally permissible use
- A $35.00 fee will be charged for returned checks.
- Smoking or burning of any kind (incense, cigarettes, candle, etc.) is prohibited. Smoking is permitted only in the designated outdoor smoking area on the upper roadway
- Alcoholic beverages of any type are strictly prohibited.
- Gambling is not permitted.
- Parking fees are not included as part of the rental. Event organizers and attendees are responsible for their parking costs. The organizer’s food or beverage service is not provided. The event organizer is responsible for these services. The organizer or their designee is responsible for all arrangements and clean-up associated with such service.
- Event organizer is responsible for the proper use of the room and the cost of repairing damage to the facility, equipment, fixtures, or furniture caused by parties attending their event. In the event of damage, the replacement/repair costs will be invoiced to the authorized signatory of the rental document unless otherwise indicated.
• Except for the Main Lobby/West Concourse at Burke Airport, all rooms are equipped with tables and chairs (without table linens), which are not to be repositioned without the consent of the Department.
• Users of the space must not block or in any way hinder ingress to the egress from the conference rooms, hallways, stairs, elevators, and common areas.
• Room set-up and clean-up are the responsibility of the user. The meeting room must be left in the condition it was in before the event. All set-up and clean-up must be completed within the reserved time.
• Animals are prohibited in the conference rooms, except service pets.
• Items brought into the meeting room shall be removed upon the end of the event. The City of Cleveland will not be held responsible for any items remaining on City property.
• The use of nails, screws, tape, or staples on walls or fixtures attached to the ceiling is strictly prohibited.
• The City reserves the right to revoke a reservation if an emergency or operational needs arise that necessitate the City’s use of the meeting room or that prohibit access to the meeting room. In such an event, the City will attempt to relocate the user’s meeting to an alternate location. If an alternate location cannot be identified, the Airport will fully refund all rental fees that have been paid.
• Under some circumstances, the Airport may deem it necessary to require a security deposit and insurance coverage.
• Upon completion of the meeting, the door is to be locked, and the key is to be returned to the designated drop-off point within 15 minutes of the end of the event. If the keys are lost or not returned, a $50.00 fee will be charged for failure to return the room key.
  o Burke Lakefront key drop-off is at the Operations Desk on the terminal’s east wing.

TERMS AND CONDITIONS

This document is considered a request pending approval from the Director of the City of Cleveland’s Department of Port Control (“Department”) or their designee. The Department reserves the right to decline the use of a room for any activity deemed in violation of federal or state local laws, codes, or ordinances for demonstrated past failure to comply with the terms and conditions of this agreement or for any other reason.

By signing this document, you agree to indemnify, defend and hold harmless the City of Cleveland, the Department of Port Control, and their respective Directors’ and employees from and against any lawsuits, claims, losses, injuries, penalties, demands, expenses or judgment arising from or in connection with the rental of City property.

I have read and fully understand and accept the terms and conditions for renting the Department of Port Control’s (City of Cleveland) property.

Signature: ____________________________________________________________________________
User or Authorized Representative
Date: ________________________________

Signature: ____________________________________________________________________________
Director, Department of Port Control
Date: ________________________________