**Facility Request Form**

**Department of Port Control**

[www.clevelandairport.com](http://www.clevelandairport.com)

[www.burkelakefrontairport.com](http://www.burkelakefrontairport.com)

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

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

Please complete the required fields below to make a reservation at CLE or BKL. All completed forms must be sent via e-mail to Nelsie Ortiz at: nortiz@clevelandairport.com or contact Nelsie at 216.265.6086.

***IT IS ESSENTIAL THAT ANY RQUEST BE SUBMITTED AT MINIMUM, 96 HOURS (4 days) IN ADVANCE OF USE DATE.***

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| **TODAY’S DATE:** |  |
| **ORGANIZATION NAME:** |  |
| **ADDRESS:** |  |
| **CITY:** |  | **STATE:** |  | **ZIP CODE:** |  |
| **E-MAIL:** |  |
| **PRIMARY PHONE:** |  | Emergency/Short Notice Contact No. |  |

**EVENT INFORMATION**

|  |  |  |
| --- | --- | --- |
| **EVENT LOCATION:** | CLEVELAND HOPKINS INTERNATIONAL AIRPORT **❒** | BURKE LAKEFRONT AIRPORT **❒** |
| **DESCRIPTION:** |  |
| **DATE OF EVENT:** |  | **START TIME:** |  | **am** | **END TIME:** |  | **am** | **NO. OF ATTENDEES** |  |
|  | **pm** |  | **pm** |

**ROOM SELECTION AND FEES**

Space rental charges are determined by time, duration of use and amount of space, operational and administrative costs, as applicable may be charged.

* A $25.00 fee will be charged for returned checks.
* A $10.00 fee will be charged for failure to return the room key.
* All checks shall be made payable to the City of Cleveland.
* Currently the Department does not provide telephones, projectors or computer equipment; however the User may supply and use its own audio-visual equipment. The User may use the Airport’s free wireless service as available.
* In the event the Airport is affected by severe weather conditions and/or emergency events, the Department reserves the right to revoke a reservation. In the event a reservation cannot be rescheduled, the Users paid rental fees will be fully refunded.

**Conference Room Request Form**

**Department of Port Control**

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DESCRIPTION** | **SIZE** | **CAPACITY** | **DAY RATE (8 hrs.)** | **DAY RATE (4 HRS.)** | **HOURLY RATE** | **CHECK √** |
| **BKL – SMALL CONFERENCE ROOM** |  400sq. ft. |  20  |  $ 200.00 |  $ 100.00 |  $ 25.00 |  |
| **BKL – LARGE CONFERENCE ROOM** |  648sq. ft. |  40  |  $ 250.00 |  $ 150.00 |  $ 35.00  |  |
|  |  |  |  |  |  |  |
| **CLE – BAG CLAIM LEVEL CLEVELAND PLUS ROOM** | 500 – 1,000sq.ft.  |  30  |  $ 300.00 |  $ 150.00 |  $ 60.00 |  |
| **CLE – HOPKINS ROOM (SIDA AREA)\*** |  1,000 sq. ft. + |  75  |  $ 450.00 |  $ 225.00 |  $ 75.00 |  |
| **CLE – Stephanie Tubbs Jones Gallery (RTA Level)** |  2000sq. ft. + |  250 |  $ 450.00 |  $ 225.00 |  $ 75.00 |  |

\*SIDA (Security Identification Display Area)

**PAYMENT METHOD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE OF CARD:** | **CHECK NO.** | **DISCOVER CARD** | **MASTER CARD** | **VISA CARD** |
| **CARD NUMBER:** |  |  |  |  |
| **NAME OF CARD HOLDER: (AS IT APPEARS ON CARD)** |  |  |  |  |
| **BILLING ADDRESS:** |  |  |  |  |
| **EXPIRATION DATE: (MO/YR.)** |  |  | **SECURITY CODE (BACK OF CARD):** |  |
| **SIGNATURE OF CARD HOLDER:** |  | **DATE:** |  |

**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.
* 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 own parking costs.
* Food and beverage service is not provided.  Event organizer is responsible for these services.  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 that is 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.
* All rooms are equipped with tables and chairs (*without table linens*) which are not to be repositioned without the consent of the Department.
	+ Burke Lakefront Airport is equipped with up to 40 chairs; and
	+ 6 (72”) round and 6 (8’) rectangular tables *(without table linens).*
* Users of the space must not block or in any way hinder ingress to and egress from the conference rooms, hallways, stairs, elevators and common areas.
* Room set-up and clean-up is the responsibility of the user.  The meeting room must be left in the condition that it was in prior to the event.  All set-up and clean up must be completed within the reserved time.
* Animals are prohibited in the conference rooms, with the exception of service pets.
* Items brought into the meeting room shall be removed upon end of event.  The City of Cleveland will not be held responsible for any and all 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 in the event that emergency or operational needs arise that necessitate the City’s use of the meeting room or that prohibits access to the meeting room.  In such event the City will attempt to relocate to an alternate location.  If an alternate location cannot be identified, the Airport will refund all fees paid, in full.
* Under some circumstances, the Airport may deem it necessary to require a security deposit and/or 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 key is lost or not returned a fee to re-key the lock will be charged to the credit card on file or invoiced to the responsible party.
	+ Burke Lakefront key drop off is at the Operations Desk on the East Wing of the Terminal.
* Rental fees are to be paid in full prior to the event by credit card (VISA, MasterCard, or Discover) or check.

**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 his/her designee.  The Department reserves the right to decline use of a room for any activity that is deemed in violation of federal, state or local laws, codes or ordinance, 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, Department of Port Control and their respective Directors’ and employees from and against any and all lawsuits, claims, losses, injuries, penalties, demands, expenses or judgements arising from or in connection with the rental of City property.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE OF USER OR AUTHORIZED REPRESENTATIVE:** |  | **DATE:** |  |
| **SIGNATURE** **DIRECTOR, DEPARTMENT OF PORT CONTROL:** |  | **DATE:** |  |