

Meeting Room Reservation Request Monday – Friday 8:00 am – 7:00pm

Tenant Information

Company Name:				
Suite Number:				
Contact Person:				
Contact Phone:				
Contact Email:				
	Meeting	g Information		
Meeting Date(s):				
Meeting Time(s):				
Number of Attendee	es:			
	Pricing	Information		
Large Meeting Room:		Small Meetin	Small Meeting Room:	
Half Day: Full Day:	\$250.00 \$350.00	Half Day: Full Day:	\$150.00 \$250.00	
Additional Fees:				
Guest Service Associate Fee:		\$30.00 per hou	\$30.00 per hour after 7PM*	

*A Guest Services Associate must be onsite during all events. Please note that no event will be allowed past 9PM.

Catering Information

For security access purposes, please provide all catering information to THE ROOM prior to your meeting.

Cancellation Policy

A \$100.00 fee will be automatically applied to your tenant account, if you notify THE ROOM of a cancellation less than 24 hours of the scheduled reservation. Written notice of a cancellation is required and should be provided to THE ROOM at <u>theroom@oneliberty.org</u>.

Additional Requests/Information

Tell us about your special requests/information

Rules & Regulations

Attached hereto and made a part hereof

Notes

Host agrees to conduct the event in a manner appropriate for the first-class nature of THE ROOM. Host assumes full responsibility for the conduct of any of its agents, employees, contractors, guest or invitees. Management reserves the right to deny admittance to THE ROOM, the conference facilities, or other facilities for any reason whatsoever. The host and its agents, employees, guests, and invitees shall abide by all reasonable rules and regulations promulgated by Cushman & Wakefield of Pennsylvania, Inc. a/a/f Philadelphia Liberty Place, L.P., from time to time. Host is responsible for any damage to THE ROOM and/or equipment and for the return of all equipment provided. Host is responsible for setting up and removing all items that are not the property of the building. Management may require different or additional insurance, depending on the nature of the use or the presence of alcohol.

Authorized Signature

I understand that I am liable for any damages incurred to the conference center and space and/or equipment during my reservation.

Signed:	Dated:
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As Authorized Agent for: ____

Please submit completed reservation form to THEROOM@oneiberty.org