



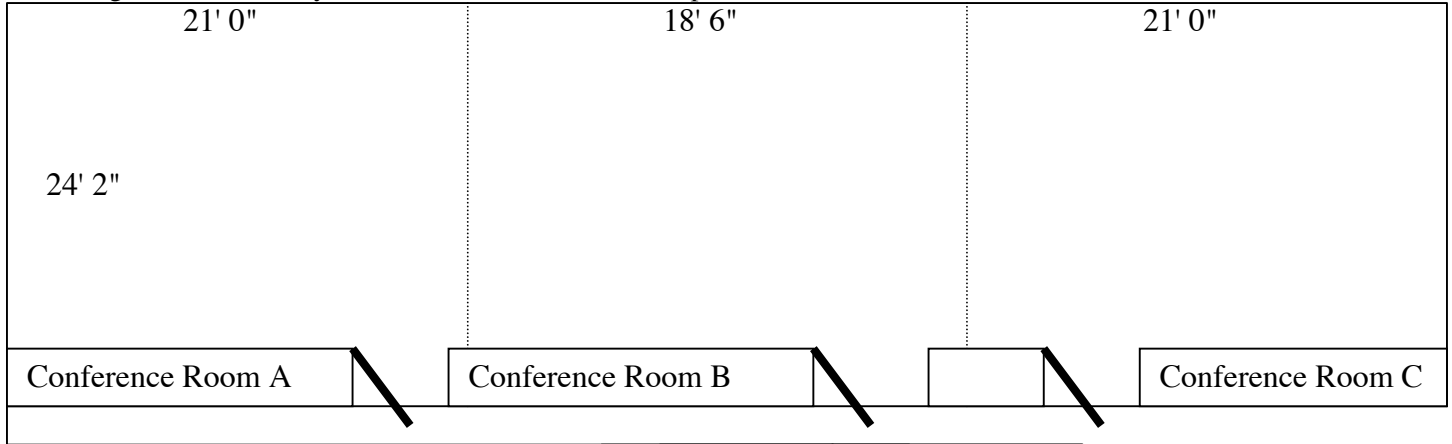
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# Conference Room Rental Form

Date(s) of Event \_\_\_\_\_  
 Event \_\_\_\_\_  
 Organization/Individual \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_

Date reservation made \_\_\_\_\_  
 Preset Time \_\_\_\_\_  
 Time/Event \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

Number of people \_\_\_\_\_ number of table \_\_\_\_\_ number of chair \_\_\_\_\_ Tenant \_\_\_\_\_ Non-Profit \_\_\_\_\_  
 Please diagram below how you wish the room(s) to be set up.



### Additional service / equipment requested:

- Coffee Service/Tea Service
- Coffeemaker (50-cup)
- Blackboard
- Whiteboard
- Projection Screen
- Podium
- VCR(Beta) & Monitor
- Overhead projector
- Other

Kitchen	Closet
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- Conference Room (A) \_\_\_\_\_
- New Meiji Room (B) \_\_\_\_\_
- Sumitomo Room (C) \_\_\_\_\_
- Less Discount \_\_\_\_\_
- Food Surcharge \_\_\_\_\_
- Coffee Service \_\_\_\_\_
- Tea Service \_\_\_\_\_
- Coffeemaker Only \_\_\_\_\_
- Easel/Pad \_\_\_\_\_
- Whiteboard \_\_\_\_\_
- Blackboard \_\_\_\_\_
- VCR & Monitor \_\_\_\_\_
- Projection Screen \_\_\_\_\_
- Podium \_\_\_\_\_
- Other \_\_\_\_\_

Note: If food is served, there will be an additional 50% food surcharge to cover clean up.

### Term of Room Rental:

**Total Fee:** \_\_\_\_\_

- \*Room reservations should be made in writing at least two weeks before scheduled date, or room reservation will be cancelled.
  - \*If you use electrical appliances, please make certain they are turned off when you leave.
  - \*The lessee agrees to hold harmless the Japanese American Cultural and Community Center as respect to injury to person or property in or about the premise or arising out of use of the premise by lessee.
  - \*No alcoholic beverages shall be served, unless liability insurance is provided.
- For more information, please contact Marlene Lee at 213 628-2725 ext. 113 FAX: 213 617-8576
- \*Room rental rates are based on 4 hours of usage. After 4 hours there is a prorated per hour charge.
  - \* Full payment is expected prior to usage of the room.

Signature of Lessee \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	Invoice#	Billed on	Paid on	Check #
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