



J A C C C

Conference Room Rental Form

Date(s) of Event _____

Event _____

Date reservation made _____

Organization/Individual _____

Time/Event _____ - _____

Contact Person _____

Telephone _____

Address _____

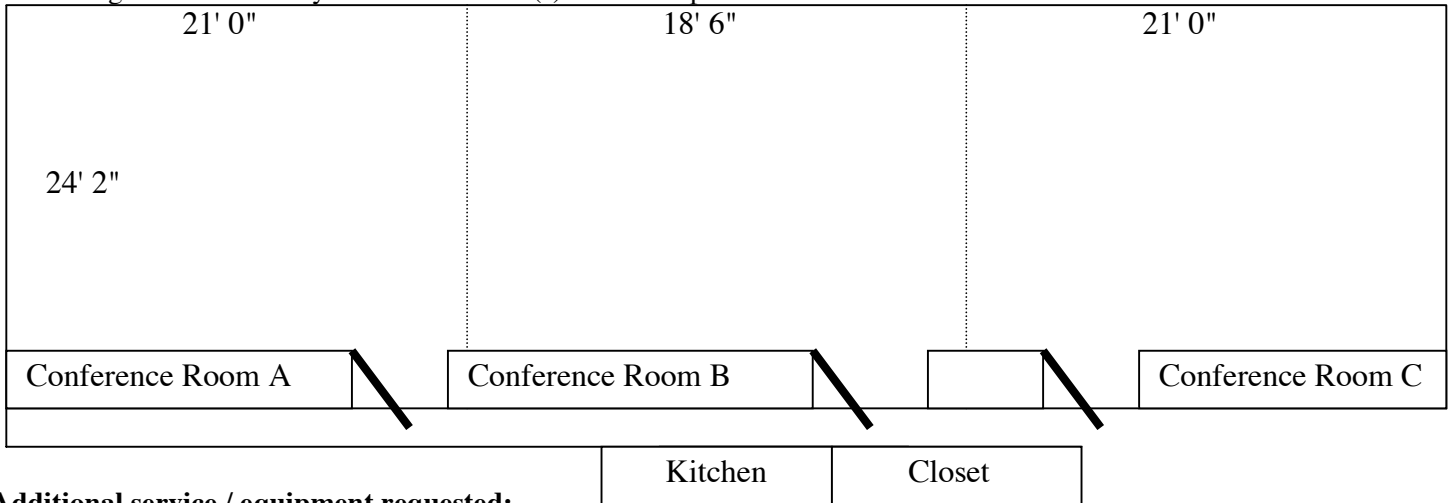
Fax _____

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:

- | | | |
|---|--|-------|
| <input type="checkbox"/> Coffee Service/Tea Service | <input type="checkbox"/> Conference Room (A) | _____ |
| <input type="checkbox"/> Coffeemaker (50-cup) | <input type="checkbox"/> New Meiji Room (B) | _____ |
| <input type="checkbox"/> Blackboard | <input type="checkbox"/> Sumitomo Room (C) | _____ |
| <input type="checkbox"/> Whiteboard | <input type="checkbox"/> Less Discount | _____ |
| <input type="checkbox"/> Projection Screen | <input type="checkbox"/> Food Surcharge | _____ |
| <input type="checkbox"/> Podium | <input type="checkbox"/> Coffee Service | _____ |
| <input type="checkbox"/> VCR(Beta) & Monitor | <input type="checkbox"/> Tea Service | _____ |
| <input type="checkbox"/> Overhead projector | <input type="checkbox"/> Coffeemaker Only | _____ |
| <input type="checkbox"/> Other | <input type="checkbox"/> Easel/Pad | _____ |
| | <input type="checkbox"/> Whiteboard | _____ |
| | <input type="checkbox"/> Blackboard | _____ |
| | <input type="checkbox"/> VCR & Monitor | _____ |
| | <input type="checkbox"/> Projection Screen | _____ |
| | <input type="checkbox"/> Podium | _____ |
| | <input type="checkbox"/> 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.

Signature of Lessee _____ Date _____

FOR OFFICE USE ONLY	Invoice#	Billed on	Paid on	Check #