

## MEETING ROOM REQUEST FORM

Contact Name: \_\_\_\_\_

Group Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Meeting Date(s) & Time(s) Requested: \_\_\_\_\_

Event Type: \_\_\_\_\_

(committee meeting, board meeting, lecture, workshop, etc.)

Approximate Number of Attendees: \_\_\_\_\_

Type of Room Set:

No fee- Standard Classroom    \$100 fee- theater    \$100 fee- U-shaped conference block

In-house LCD Projector: Rental Fee - \$125.00    yes    no

DCDS to Co-Sponsor and Give CE Credits:    yes    no

(If yes, fill out the enclosed CE Accreditation form and return to DCDS immediately)

Will you be serving food at your event?    yes    no

If yes, name the caterer: \_\_\_\_\_

Approximate time you will come by to pick up the key: \_\_\_\_\_

**ALL ROOM RENTAL FEES MUST BE SUBMITTED WITH MEETING ROOM REQUEST FORM  
AND MEETING ROOM RENTAL AGREEMENT AND CONTRCAT**

Total Amount Due \$ \_\_\_\_\_

Check Enclosed: \_\_\_\_\_ Check Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

(signature authorizes charge to your account)

Print Name: \_\_\_\_\_

# MEETING ROOM RENTAL AGREEMENT AND CONTRACT

## MEETING ROOM RATES

### MEMBER

To receive member rate, the individual booking the room must be a DCDS member and be present at the event

**Entire Facility:** Full Day: \$250.00 Half Day/Evening: \$125.00

- Dr. O. V. Cartwright Reception Hall
- Dr. Paul P. Taylor Executive Board Room
- Dr. D. Lamar Byrd Auditorium

**Dr. Paul P. Taylor Board Room:** Full Day: \$100.00 Half Day/Evening: \$75.00

### NON MEMBER/CORPORATE

**Entire Facility:** Full Day: \$600.00 Half Day/Evening: \$300.00

- Dr. O.V. Cartwright Reception Hall
- Dr. Paul P. Taylor Executive Board Room
- Dr. D. Lamar Byrd Auditorium

**Dr. Paul P. Taylor Board Room:** Full Day: \$200.00 Half Day/Evening: \$100.00

The room rental rates include standard in-house audio visual equipment and classroom seating. There will be an additional \$100 charge if room set needs to be changed.

### MEETING ROOM POLICIES

The following policies are set forth for rental of meeting space at the Dallas County Dental Society (DCDS) and Group agrees to abide by these policies.

DCDS does not generally rent its facilities on an ongoing or recurring basis.

The facilities are not available on Sundays or legal holidays unless special arrangements are made.

#### **Rental Procedure:**

- DCDS must receive a signed copy of the Meeting Room Request Form to reserve the meeting space.
- Rental fee is due in full with signed Meeting Room Rental Agreement and Contract.

#### **Cancellations:**

- Written notice two weeks prior to meeting date with no penalty. Cancellation less than two weeks will be assessed a 25% administrative fee. No refund if cancellation less than one week of scheduled function.
- A full refund, less applicable cancellation fees, will be mailed to Group upon cancellation.

**Parking:**

- Restricted parking weekdays during business hours of 7:30 a.m.-5:00 p.m.
- Group agrees to inform guests to not park in neighboring lots during daytime meetings.
- Please provide a copy of enclosed map and parking instructions to all attendees.

**Marketing:**

- Please give name and phone number of Group contact (not DCDS) in marketing pieces.

**Room Set-up:**

- All fees include standard in-house AV and standard classroom set-up (chairs and tables to accommodate 60 attendees). Any change from standard classroom set-up is an additional \$100.00 charge.

**Standard In-House Audio Visual Equipment:**

The following in-house audio visual equipment is available at no additional cost with the room rental:

- Auditorium and board room are equipped with a built-in screen and marker board
- Auditorium has built-in sound system
- Standing podium with microphone
- Wireless lavalier microphone

**Additional In-House Audio Visual Equipment Rental:**

- **LCD Projector** **Rental Fee- \$125.00**
- Group is responsible for the repair of any damage incurred to DCDS AV equipment while in Group's use.
- Group may bring their own AV equipment or order from an outside vendor. DCDS offers no guarantee on compatibility of outside equipment.
- If additional AV equipment is required, group is responsible for arranging rental of equipment, set-up and dismantling. Group must provide name of company that will be delivering additional AV equipment.

**Clean-up:**

- Group is responsible for the cleanliness of meeting facility upon conclusion of event; a clean-up fee of up to \$300.00 will be assessed if meeting space is not returned to its original state.
- Chairs and tables must be straightened and returned to original position.
- No used materials or trash to be left in meeting rooms.
- All used paper, plastic ware, bottles and cans must be placed in trash receptacles.
- Left over food must be placed in trash receptacles or taken away.
- DCDS will provide trash bags and receptacles.

**Food:**

- Group may order from an approved caterer list or may bring in food.
- An ice maker and coffee pot are available.

**Miscellaneous:**

- No smoking in or around rental facility
- No candles
- No alcohol
- In-house copies are available during DCDS business hours for \$.20 per copy.

# CONTRACT

Group assumes all risk of, and agrees that DCDS shall not be liable for any damage to property or injury to or death of any persons including, without limitation, Group or its shareholders, members, directors, officers, employees, contractors, invitees, patrons, licensees, or agents, in, on, or about the DCDS premises from any cause except where such damage or injury arises out of the gross negligence of DCDS. **Further, Group shall fully indemnify and hold DCDS and its respective members, directors, officers, employees, insurers, attorneys, and agents harmless from all claims, demands, actions, causes of action, losses, damages, or liability (including, without limitation, all expenses of litigation, court costs, and attorney's fees) for any injury or death to any person, including, without limitation, any injury, disfigurement, or death, any monetary claims, including, without limitation, any claims for medical expenses, pain and suffering, mental anguish, emotional distress, loss of consortium, or for lost wages, or any injury received or sustained by any person or property arising out of the acts or omissions, including negligence, of the Group or any of its shareholders, members, directors, officers, employees, contractors, invitees, patrons, licensees, or agents, or the performance of, or failure to perform by, the Group or any of its shareholders, members, directors, officers, employees, contractors, invitees, patrons, licensees, or agents, of any of the Group's obligations under this Agreement even if such claim is based on a claimed negligent act or omission of any of the indemnities.**

Group assumes all responsibility for repair and restoration in the event of damages caused by the group or their invitees. Group agrees to be, and is, responsible for ensuring that the meeting, including the layout of the meeting room and any equipment and/or other item used in connection with the meeting and/or the Group function, is ADA accessible and compliant. Group also agrees to comply with each and every term and provision of the Meeting Room Rental Agreement, which is incorporated into and made part of this Contract as if fully set forth herein.

**I HAVE READ THE ENCLOSED INFORMATION AND AGREE TO ABIDE BY THE MEETING ROOM POLICIES AND AGREEMENT SET FORTH BY THE DALLAS COUNTY DENTAL SOCIETY AND THIS CONTRACT.**

Group \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**RETURN A SIGNED COPY OF THIS AGREEMENT, THE MEETING ROOM REQUEST FORM, AND PAYMENT TO: DALLAS COUNTY DENTAL SOCIETY  
13633 OMEGA ROAD  
DALLAS, TX. 75244**

**IF REQUESTED, YOU WILL RECEIVE A LETTER OF CONFIRMATION**