FACILITY USE AGREEMENT

Date of Meeting(s) __________________________________________
Meeting Room(s) ____________________________________________

Beginning Time of Meeting_________________________ Ending Time_________________________
Access Time _______________________________ Departure Time_________________________

Meeting Organizer/Company______________________________
Contact Phone______________________________ Cell Phone______________________________

Approximate number of meeting attendees________________________

Number of chairs needed?_________________________ Number of tables needed?_____________________
(40 chairs available.) (8 – 30” tables and 10 – 18” tables available.)

Please check the following equipment you will require: N/A

*Please remember you are responsible for setting up your meeting and cleaning up afterwards and for setting up and supplying your own refreshments, if desired.

RENTAL USE FEE
The use for the AWSP Training Room is $50- half day; $100 – full day (5-8 hrs) Please make your check payable to AWSP.

MEETING SPACE HOURS OF AVAILABILITY
The meeting space at AWSP is available from 8:00 a.m. until 4:00 p.m. This Agreement is for the use of the Training Room, adjacent kitchen area, and bathrooms downstairs. The Training Room access is via elevator upstairs, and doors on the lower level downstairs.

SIGNS/MEETING NOTICES
You may use our address in your meeting announcements; however, we request that you DO NOT place our name or telephone number on any materials you distribute to advertise your meeting.

INDEMNIFICATION
To the fullest extent permitted by law, GROUP shall be responsible and hereby indemnifies WSPEF, its officers, directors, employees, and agents, for and agrees to hold WSPEF harmless from any loss, liability or damages to GROUP or any third party as a result of any personal injury or property damage that occurs in, on, or about the premises described in this Agreement during GROUP’s use thereof, except only any loss, liability or damage caused by the sole negligence of WSPEF.

Signature of Responsible Party ______________________ Date __________

Please complete Facility Use Agreement and return to:

Emily Tate, Administrative Assistant
AWSP is a non-smoking facility. Please respect this policy.