



Engager: _____ Phone: (____) _____ - _____

Address: _____ E-Mail: _____

ROOM(S) REQUESTED (CHECK ALL THAT APPLY)

Media Center	4-HOUR	Full day	ROOM RENT RATE BASED ON A 4 HOUR MINIMUM. USE BEYOND CONTRACTED RENTAL PERIODS MORE THAN 15 MINUTES WILL BE ASSESSED & CHARGED AT THE ROOM'S HOURLY RATE. A \$350 REFUNDABLE SECURITY DEPOSIT REQUIRED
<input type="checkbox"/> Room A: Seats up to 56 banquet style and 100 theater style. Hourly rate \$75	<input type="checkbox"/> \$300	<input type="checkbox"/> \$750	
<input type="checkbox"/> Room B: Seats up to 214 banquet style and 459 theater style. Hourly rate \$125	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	
<input type="checkbox"/> Room A & B Combined: Seats up to 299 banquet style and 643 theater style. Hourly Rate \$175	<input type="checkbox"/> \$700	<input type="checkbox"/> \$1,500	

Date(s): _____ **Time:** From: _____ To: _____ = _____ **Total Reserved Hours**

Anticipated Attendance: ≤ 30 _____ > 30 _____

REQUIRED \$350 REFUNDABLE SECURITY DEPOSIT. If professional deep-cleaning is required and/or any damages are found at conclusion of your event the cost will be subtracted from your Security Deposit. Otherwise will Security Deposit will be refunded to you within 5 to 10 days

Purpose of Event: _____

Will meals be served? **Yes Caterer:** _____ **No**

The following equipment is available. Select all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Podium | <input type="checkbox"/> Wireless Internet \$10/hr. | <input type="checkbox"/> Flip Chart *RP \$100 |
| <input type="checkbox"/> Overhead Projector \$150 *RP \$350 | <input type="checkbox"/> Table: 8' Rect.*RP \$100 Amt: _____ | <input type="checkbox"/> Chair *RP \$35 Amt: _____ |
| <input type="checkbox"/> Projector Screen \$25 | <input type="checkbox"/> Table: 6' Rect.*RP \$75 Amt: _____ | <input type="checkbox"/> Tablecloth: 6' \$10 *RP \$25 Amt: _____ |
| <input type="checkbox"/> Dry-erase board | <input type="checkbox"/> Table: 66" Rnd,*RP \$60 Amt: _____ | <input type="checkbox"/> Tablecloth: 66" \$6 *RP \$20 Amt: _____ |

**RP reflects the REPLACEMENT COST to be subtracted from the Engager's Security Deposit if the equipment is stolen or returned damaged.
One (1) Podium and one (1) microphone provided at no charge*

Brief description of Room setup:

Table and chair configuration: (See page 3 for detailed set-up)

- | | |
|--|--|
| <input type="checkbox"/> Theater style (chairs only) | <input type="checkbox"/> Classroom style (tables w/chairs on one side) |
| <input type="checkbox"/> Conference style (tables w/ chairs on both sides) | <input type="checkbox"/> Banquet style (round table w/ chairs) |

I ACCEPT THE RATES, FEES AND PAYMENT TERMS FOR MY ABOVE ROOM & EQUIPMENT RENTAL SELECTIONS.

Engager's Signature _____

Facility Coordinator's Signature _____

Date: _____



Date: _____

ROOM RENTAL QUOTATION FORM

Date of Inquiry: _____ Engager Name: _____

Organization: _____ Phone: (____) _____ - _____

Address: _____

Fax: (____) _____ - _____ Email: _____

Comments/Questions: _____

FAME FACILITY COORDINATOR USE ONLY – Completed By: _____

Date of Event: _____ Day(s) of the week: _____

Time of Event (Begin Time/End Time): _____ / _____ = Total Number of Hours: _____

Number of Guests: _____ Type of Event: _____

Planned Activities: _____

Engager already has Liability Insurance Engager does not have Liability Insurance

Room Requested: _____ + \$ _____

Audio/Visual Set-up: + \$ _____

Internet: + \$ _____

Subtotal: + \$ _____

Security Deposit - [\$ _____]

2nd Subtotal: + \$ _____

Discount (_____ % of 2nd Subtotal) **Deposit:** - [\$ _____]

Total: + \$ _____

Down Payment (1/3 of Total Quote) **Down Payment:** - [\$ _____]

Balance Due : = \$ _____

ENGAGER'S ACCEPTANCE & ACKNOWLEDGEMENT: _____

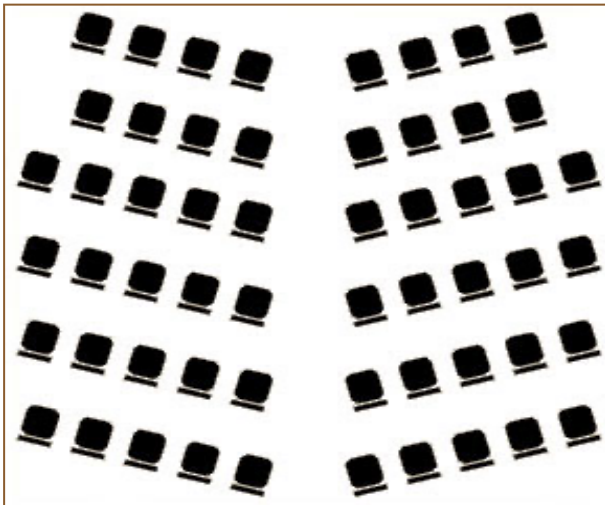


FAME Assistance Corporation Conference & Expo Center
1968 W. Adams Boulevard, Los Angeles, CA 90018
Phone: (323) 643-1675 ☐ Fax: (323) 766-3472 • Website: www.FAMEcorporations.org

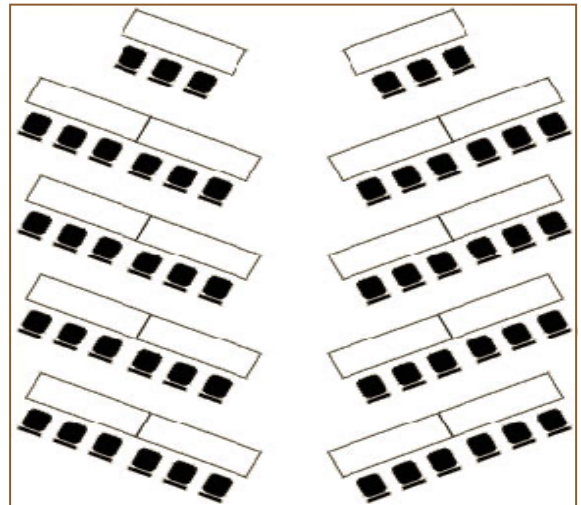
THIS RESERVATION IS UNCONFIRMED UNTIL THE RENTAL CONTRACT IS SIGNED AND RETURNED WITH A 1/3 DOWN PAYMENT OF THE TOTAL COST. THE REMAINING BALANCE IS DUE TWO WEEKS PRIOR TO THE EVENT. THIS QUOTE IS ONLY AN ESTIMATE. FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE.

EVENT CONFIGURATION

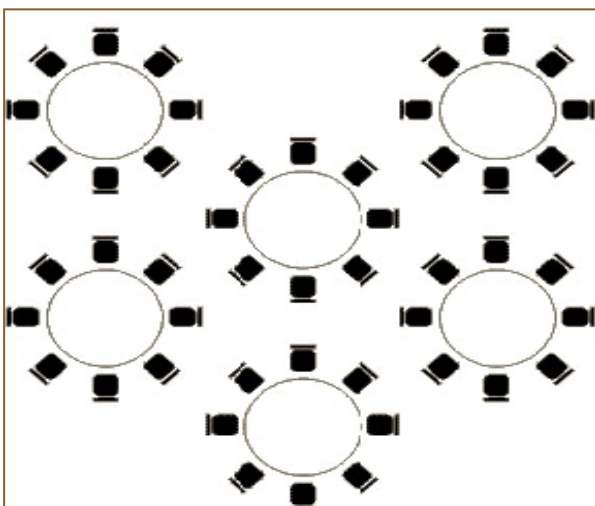
Please choose one of the diagrams for your event by checking off the box next to the desired configuration



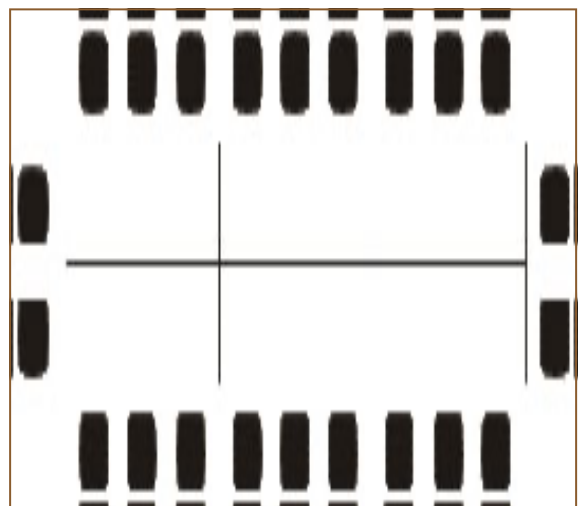
Theatre Style



Classroom Style



Banquet Style



Conference Style