



# Room Rental Request Form

Organization: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

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

\_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_ Time: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

Set-up Style Requested:  Theatre  Classroom  Conference  
 U-Shape  No Tables & Chairs

Room Rental Rates:	
1-4 Hours:	\$125.00 plus tax
5-8 Hours:	\$175.00 plus tax

## Equipment Request: YY:

- LCD, Video Projector .....\$25.00 Plus Tax
- VGA/HDMI Cord .....\$10.00 Plus Tax
- Laptop Computer .. \$25.00 Per Laptop, Plus Tax  
Quantity of Laptops \_\_\_\_\_
- Flipchart(s) & Markers .....\$15.00 Plus Tax
- Conference Phone.....\$40.00 Plus Tax
- Surge Protector/Extension Cord.....\$10.00 Plus Tax

## Rental Fees:

**PLEASE INPUT THE FOLLOWING:**

Room Fee: \$ \_\_\_\_\_

Equipment Fee: \$ \_\_\_\_\_

Other Fees (s): \$ \_\_\_\_\_

Tax ( % ) \$ \_\_\_\_\_

**Total Cost:** \$ \_\_\_\_\_

SDTD room rental(s) are on a **first come/first serve** basis and date requested will be granted based on the availability of room. You can submit the room rental form via e-mail at [sdtd@nsn.gov](mailto:sdtd@nsn.gov), or fax it to us at (928) 871-7112.

Upon receiving the form, SDTD will then check and confirm availability of room. Then, will submit an invoice indicating the cost and forms of payment.

Cancellations of room rentals need to be made 24 hours prior to day of use.