



Date: _____

**Lobby Conference Room
Booking Sheet
Lincoln Crossing Tower I & Tower II**

Tenant Name: _____

Suite #/Bldg: _____

Date of Meeting: _____ Time of Meeting: From _____ To _____

Will the Meeting Be Catered? Yes _____ No _____

Caterer's Name: _____

Please select the set-up style you prefer:

Theater Style (Chairs Only) _____

Classroom (Tables w/Chairs) _____

U-Shaped (Tables & Chairs in U-Shape, Open at one end) _____

Open Square (Tables in square shape – Chairs on the outside) _____

How many people are expected to attend? _____

The following items are furnished as part of the Rental Fee. Please check your selection(s):

Located in this room is a catering kitchen with a refrigerator, hot/cold running water, garbage disposal and ice maker. We also provide – coffee, tea, creamer, sugar, sweet and low and cups. Please be advised that we do not make the coffee.

The following Rental Rates are effective from 7:00 a.m. to 6:00 p.m., Monday through Friday. There is an additional charge for HVAC Service after normal building hours.

Complete Room: Hold a maximum of **68** people
Rental Rate: \$40 per hour or,
\$175 full day.

*The undersigned hereby takes full responsibility for any damages incurred during specified dates and times and agrees that **NO ALCOHOLIC BEVERAGES** will be served. A **24-Hour Notice** is required to cancel a booking, or a \$10.00 fee will be charged.*

Authorized Signature

Daytime Phone Number

PLEASE RETURN THIS BOOKING SHEET TO THE MANAGEMENT OFFICE 24 HOURS PRIOR TO THE MEETING DATE.

Thank you!!

INS _____
CAL _____
MGMT / SEC / ENG