



Akron Bar Association Space Rental Application Form

Date of Request: _____

Applicant Name: _____

Address: _____

City, State, Zip: _____

Office Phone: _____ Mobile Phone: _____

Are you a member of the Akron Bar Association? Yes No

Will you require beverage service at \$3.00/per person? Yes No

Event Date: _____ Event Start & End Time: _____

Event Description:

Attendance Estimate: _____ Members: _____ Non-Members: _____

Please check the appropriate fee for the space(s) requested.	Capacity	Member		Non-Member	
		1/2 Day	Full Day	1/2 Day	Full Day
The Court Room	20-25	<input type="checkbox"/> \$ 25	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$ 150
The Brouse McDowell Board Room	20-30	<input type="checkbox"/> \$ 40	<input type="checkbox"/> \$ 80	<input type="checkbox"/> \$ 120	<input type="checkbox"/> \$ 240
The Bernard J. Amer Meeting Room	12-18	<input type="checkbox"/> \$ 40	<input type="checkbox"/> \$ 80	<input type="checkbox"/> \$ 120	<input type="checkbox"/> \$ 240
The Brennan, Manna, & Diamond Meeting Room	12-18	<input type="checkbox"/> \$ 40	<input type="checkbox"/> \$ 80	<input type="checkbox"/> \$ 120	<input type="checkbox"/> \$ 240
The Stark & Knoll Meeting Room	25-30	<input type="checkbox"/> \$ 60	<input type="checkbox"/> \$ 120	<input type="checkbox"/> \$ 180	<input type="checkbox"/> \$ 360
Stark/Amer or Stark/Brennan Meeting Rooms	40-50	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$ 150	<input type="checkbox"/> \$ 225	<input type="checkbox"/> \$ 450
Stark/Amer/Brennan Meeting Rooms	60-80	<input type="checkbox"/> \$ 100	<input type="checkbox"/> \$ 200	<input type="checkbox"/> \$ 300	<input type="checkbox"/> \$ 600
Buckingham, Doolittle, & Burroughs Grand Lobby	50	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$ 150	<input type="checkbox"/> \$ 225	<input type="checkbox"/> \$ 450

Will you need the room reconfigured? Yes No

Please select the equipment requested.

<u>Equipment:</u>	<u>Cost:</u>	<u>Select:</u>
Wireless/Hand Held Microphone	\$5	<input type="checkbox"/>
Laptop	\$25	<input type="checkbox"/>
Copies per page	\$0.25/page	<input type="checkbox"/>
Conference Telephone	\$30	<input type="checkbox"/>
Laser Pointer	\$5	<input type="checkbox"/>

<u>Equipment:</u>	<u>Cost:</u>	<u>Select:</u>
Display Monitor	\$25	<input type="checkbox"/>
Easel/Flip Chart w/Markers	\$20	<input type="checkbox"/>
Fax per page	\$1.00/page	<input type="checkbox"/>
Wireless Mouse (Remote)	\$5	<input type="checkbox"/>

TOTAL: _____

By submitting this application the above individual, group or organization agrees to abide by the Space Rental Policy of the Akron Bar Association (ABA). This form certifies that the group/organization will be responsible for any damage sustained to the ABA premises, furniture, or equipment caused by our use of ABA facilities or for any additional custodial services required if the space is not left in the condition in which it was found. Applicant hereby waives all claims and recourse against the ABA, its trustees, officers, employees and agents including the right to contribution for loss, damages or injuries or property arising from, growing out of, or in any way connected with or incident to this agreement and use of the ABA facilities. Applicant shall indemnify the ABA and save it harmless from and against any and all claims, actions, damages, liabilities, and expenses in connection with loss of life, personal injury, and/or damage to property arising out of the occupancy or use of the Premises, or occasioned solely or in part by any act or omission of the Lessee or its respective agents, contractors, employees, guests, and servants, and not caused by the negligence or willful act of the ABA. The Akron Bar Association Board of Trustees reserves the right to reject any request to use these facilities at its discretion.

Signature

Date

Approved by:

Executive Director

Date

Cost Calculation (For Staff Use Only)

Space 1	_____
Space 2	_____
Space 3	_____
Reconfiguration Fee	_____
Equipment Fee	_____
Extended Usage Before /After Hours	_____
Deposit	_____
TOTAL:	_____