

LAX Coastal Room Rental Application

Company Information

Name: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Website: _____

Office & Meeting Room Rental

Rental Type	Hourly <small>(Member/Not-Yet Member)</small>	1/2-Day (4 hrs) <small>(Member/Not-Yet Member)</small>	Full-Day (8 hrs) <small>(Member/Not-Yet Member)</small>	After Hours <small>(Member/Not-Yet Member)</small>
Private Office (up to 4)	\$20 / \$30	\$50 / \$70	\$80 / \$120	NA
Conference Room (up to 14)	\$50 / \$75	\$125 / \$175	\$225 / \$300	\$100hr / \$150hr
Board Room (up to 40)	\$100 / \$120 <small>(min 2 hrs)</small>	\$350 / \$400	\$450 / \$550	\$150hr / \$200hr

Rates subject to change. Setup and cleanup time must be included within your timeframe. Additional fees may incur for Early Office/After Hour rentals

Date Requested: _____ Time Requested: _____

Number of Guests: _____ Selected Meeting Room: Private Office (up to 4) Conference Room (up to 14) Board Room (up to 40)

Room Setup: Conference Room (large square table) Board Room (u-shaped table w/ presenter) Classroom (tables and chairs w/ presenter) Theater (chairs only)

Coffee Service: \$10/10 people \$20/20 people \$30/30 people \$40/40 people No coffee

Payment Information

Your Total: _____ Cash Check (payable to LAX Coastal Chamber of Commerce) Credit (all major credit cards accepted)

Card #: _____ Exp. Date: _____ Name on Card: _____

Billing Address: _____

I understand that by providing an email address to the LAX Coastal Chamber of Commerce (Chamber), on behalf of the company specified above, I am authorized to and hereby consent to receive emails sent by or on behalf of the Chamber. The Chamber DOES NOT sell or distribute their email database to outside entities. The undersigned subscribes the above total to the Chamber.

Signature: _____

Date: _____