

Facility Rental Agreement
Academy of Professional Education
157 W Main St Suite #8
Niantic, CT 06357
860.235.9718

Applicant:

(Name) (Firm)

(Address) (City) (State) (Zip)

(Responsible Party) (Phone Number) (Email)

Meeting Purpose: _____

Rental Date(s): _____ Rental Start Time _____ Rental End Time: _____

of Attendees: _____

Set Up: Classroom (tables and chairs) LCD Projector Other
 Coffee Decaf Tea/Hot Water
 Full Day \$____ per hour x ____ hours

Payment Method: The Academy of Professional Education accepts the following payment methods:
Cash, Check, Visa/MasterCard, and Discover.

Payment for all rental and service fees hereunder are due upon execution of this Facility Rental Agreement.

Credit Card Type: Mastercard Visa Discover

Credit Card Number: _____ Exp. Date: _____

Print Name as it appears on card: _____

Billing Address: _____ Zip Code: _____ Amount Charged \$ _____

In times of inclement weather, at 7:00 am on the day of your rental, please call 860.235.9718 to see if the media room will be open.

SEE ATTACHED CONDITIONS OF RENTAL AND THE APPLICANTS SIGNATURE LINE. THIS FACILITY RENTAL AGREEMENT MUST BE COMPLETED, SIGNED AND RETURNED NO LATER THAN 7 DAYS FROM BOOKING THE RENTAL.

Rental Room Fee _____

Equipment Fee _____

Coffee Service _____

Total \$ _____