



# Customer Facility Rental/Usage Request BCESC CONFERENCE CENTER

## GROUP INFORMATION

District/Organization:

Address:

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email:

## EVENT INFORMATION

Event Name: \_\_\_\_\_ Number of Attendees: \_\_\_\_\_

Event Date(s) <b>From:</b> _____ <b>To:</b> _____	Event Time <b>From:</b> _____ <b>To:</b> _____	Presenter Arrival Time: _____
--	---	----------------------------------

Please specify set up requirements:

Select all that applies to your event below. Note that technology is not included in the room rate and must be selected if you wish to use the audiovisual system during your event. Technology Equipment Packages and Support Descriptions are outlined on page 2 of the BCESC Facility Information, Rates & Usage Policy.

FACILITY DETAILS	Rate	TECHNOLOGY	Rate	SERVICES	Rate
<input type="checkbox"/> <b>Conference A</b> <input type="checkbox"/> HALF DAY - up to 4 hours <input type="checkbox"/> FULL DAY - up to 8 hours	<input type="checkbox"/> \$200* <input type="checkbox"/> \$300*	<input type="checkbox"/> <b>Basic AV Package</b> <input type="checkbox"/> HALF DAY - up to 4 hours <input type="checkbox"/> FULL DAY - up to 8 hours	<input type="checkbox"/> \$30 <input type="checkbox"/> \$50	<input type="checkbox"/> <b>Coffee</b> <input type="checkbox"/> 25 Guests <input type="checkbox"/> 26 - 75 Guests <input type="checkbox"/> 75 - 100 Guests	<input type="checkbox"/> Free <input type="checkbox"/> \$25 <input type="checkbox"/> \$50
<input type="checkbox"/> <b>Conference B</b> <input type="checkbox"/> HALF DAY - up to 4 hours <input type="checkbox"/> FULL DAY - up to 8 hours	<input type="checkbox"/> \$200* <input type="checkbox"/> \$300*	<input type="checkbox"/> <b>Computer Classroom**</b> <input type="checkbox"/> 1 - 15 Computers <input type="checkbox"/> 15 - 30 Computers	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100	<input type="checkbox"/> <b>Catering/Service Fee</b> Select if you are serving food for: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Other <input type="checkbox"/> \$25  The \$25 per room service fee will be included in your room rate if use of room includes serving of food either catered or non-catered.	<input type="checkbox"/> <b>Please check this box if your organization falls under GROUP B as outlined on page 2 of the BCESC Facility Rates &amp; Usage Policy.</b>
<input type="checkbox"/> <b>Conference A &amp; B</b> <input type="checkbox"/> HALF DAY - up to 4 hours <input type="checkbox"/> FULL DAY - up to 8 hours	<input type="checkbox"/> \$325* <input type="checkbox"/> \$400*	<input type="checkbox"/> <b>Computer Classroom with Custom Software Configuration**</b> (this includes training website set-up & testing) <input type="checkbox"/> 1 - 15 Computers <input type="checkbox"/> 15 - 30 Computers	<input type="checkbox"/> \$130 <input type="checkbox"/> \$150		
<input type="checkbox"/> <b>Board Room</b> <input type="checkbox"/> HALF DAY - up to 4 hours <input type="checkbox"/> FULL DAY - up to 8 hours	<input type="checkbox"/> \$100* <input type="checkbox"/> \$150*	**Enter exact number of computers you require:			

\* Normal operating hours are 8:00 am - 4:00 pm, Monday thru Friday. Events beginning after or extending beyond normal operating hours are subject to special approval and additional cost may apply based on staffing requirements. Please indicate your facility preferences below. Refer to the BCESC Facility Information, Rates & Usage Policy for rate specifications. Facility closings due to weather conditions will be posted on our website: [www.bcesc.org](http://www.bcesc.org).

- In accordance with Ohio Revised Code 3794.02, smoking is prohibited within this facility
- Alcoholic beverages are prohibited
- Any damage to the facility that occurs during the event is the responsibility of the group renting the facility
- All reservations are tentative pending approval

In requesting the use of the Butler County Educational Service Center, I hereby acknowledge that I have read and understand the terms and conditions outlined in the **Facility Information Usage, Rates & Policy**, that the information provided by myself is true and accurate, and that I accept full and complete responsibility for the conduct and safety of the group and any and all damages that may result as a consequence of the rental.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Email Completed form to: Susan Ragan at [ragans@bcesc.org](mailto:ragans@bcesc.org) or fax to 513.887.3709

Agent of The Butler County Educational Service Center Approval: \_\_\_\_\_ DATE: \_\_\_\_\_