

# THE CROSSROADS – CONFERENCE ROOM RENTAL FORM

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Full Name \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Brief Business Description \_\_\_\_\_

## Mailing Address

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Phone and Email

Work Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact Name and Phone Number \_\_\_\_\_

## Payment Details

Name on Card \_\_\_\_\_ Credit Card Number \_\_\_\_\_

Credit Card Type ( ) VISA ( ) MC ( ) AMEX ( ) DISC

Expiration Date (MM/YYYY) \_\_\_\_/\_\_\_\_ Card security code \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_ **Conference Room Rental - \$75/Day and \$25/Hour**

Date(s): \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_