



CONFERENCE ROOM RESERVATION FORM

2305 N. Charles Street – Suite 200, Baltimore, MD 21218

◆ Phone: (410) 662-5500 Fax: (410) 662-5520

INSTRUCTIONS: To reserve a conference room, please first call (410) 735-1765 to find out about room availability. Priority for rooms is given to The Family League of Baltimore City, Inc. ("FLBC") departmental functions, and then to external groups. You have not reserved a conference room until you receive a written confirmation of your reservation from the FLBC. The rooms are reserved in "as-is" condition.

BILLING: An invoice will be issued upon execution of the Lease Agreement. Payment is due prior to the start of the event by either check or credit card. Please make checks payable to The Family League of Baltimore City, Inc. If direct bill has been approved by the FLBC, payment is due within thirty (30) days after receipt of statement. Attention: *Conference Room Services*.

FOOD & CATERING: Every group is responsible for their own food arrangements. FLBC is not responsible for organizing your set up or pick up time for your catering. You MUST be present when the catering services set up and make sure catering services pick up on time after the event. Please notify us of your catering arrangements when you finalize your reservation. FLBC does not carry a liquor license. Both, the Baltimore Room and Family Room can accommodate catering services.

CANCELLATION POLICY: We require a written cancellation notice of 72 hours prior to the event. Failure to give proper cancellation notice to FLBC may result a fee being charged by FLBC. FLBC is not responsible for canceling any catering orders.

DAMAGE / LIABILITY: Any damage to FLBC property will be charged to the responsible party for full reimbursement. FLBC reserves the right to request proof of liability insurance with FLBC named as additional insured prior to the event date.

REQUESTED ROOM	
<input type="checkbox"/> The Baltimore Room <i>Room Capacity: 48</i>	<input type="checkbox"/> The Family Room <i>Room Capacity: 32</i>

NAME & COMPANY INFORMATION			
Person In Charge:	Organization/Department/ Company Name:		
Day Time Phone Number:	Cellular Phone Number:	Fax Number:	
Mailing Address:	City:	State:	Zipcode:
Email Address:	Signature:		

BILLING INFORMATION	
Purchase Order Number:	Requisition Number:

EVENT INFORMATION	
Requested Date(s):	Day(s) of the Week:
Event Start Time: Check one __x__ am __pm	Event End Time: Check one __ am __x pm
Name of Event:	Type of Event:
Number of People Attending (must not exceed posted maximum seating capacity in each room):	

AUDIO/VIDEO

Will you need audio or video equipment: YES NO If yes, please select which type of equipment you will need:

- LCD Projector
 TV/ DVD player
 WiFi
 Initials: RM

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