

THE CAMERON FOUNDATION MEETING ROOM AGREEMENT

Please read carefully, sign this page, initial the other pages in this and the Rules Related to Use of Meeting Rooms form. You may either fax or email both documents as follow:

ATTENTION: Meeting Room Coordinator

fax to: 804 732 8701 email to: reservations@camfound.org

The undersigned hereby represents to The Cameron Foundation as follows:

I am the duly authorized representative of the organization identified as the sponsor in the attached Meeting Room Reservation Form relating to the use of a meeting room at the offices of The Cameron Foundation. As such duly authorized representative, and in consideration of such use of a meeting room, I agree on behalf of said organization as follows:

- 1. I have read the Meeting Room Reservation Form and the information set forth thereon is true and correct.
- 2. A representative of the organization will be present at the entrance to the meeting room to confirm that persons attempting to attend the meeting are persons who have been invited to attend. I understand that, as an alternative, the organization may furnish to The Cameron Foundation prior to the meeting a list of the persons invited to attend; provided, however, that the organization must have given prior notice to such persons invited to attend that they must sign in when they arrive and must present a photo identification to obtain access to the meeting.
- 3. I have read and understand the attached Rules Relating to the Use of Meeting Rooms at the Offices of The Cameron Foundation, and the use of the meeting room by the organization I represent will be as set forth in said Rules.

Signature:		Date:	
Printed Name:			
Additional representative (if applicable):	:		
Signature:		Date:	
Printed Name:			
Contact information (if different):			
Printed Name:			
E-Mail:	Facsimile:	Telephone:	

THE CAMERON FOUNDATION MEETING ROOM RESERVATION FORM

TITLE OF MEETING:				
Date*	Meeting Start Time	Meeting End T	Meeting End Time	
You must submit a sep	parate reservation form for each date.	l		
Rooms:	as a maximum capacity of 120 parsons			
	as a maximum capacity of 120 persons has a maximum capacity of 30 persons			
A .11.1 1	<i>c</i> 1:	1		
	sen for you according to your group	needs		
A room will be chos Any Special Needs:		needs		
		needs		
Any Special Needs:		needs		
Any Special Needs:		Yes	No	
Any Special Needs: Additional Arranger Conference Phone			No No	
Any Special Needs: Additional Arranger Conference Phone Projector		Yes		
Any Special Needs: Additional Arranger Conference Phone Projector Laptop	ments: (please circle to confirm)	Yes Yes	No	
Any Special Needs: Additional Arranger Conference Phone Projector Laptop Wireless Internet C	ments: (please circle to confirm)	Yes Yes Yes Yes	No No	
Any Special Needs: Additional Arranger Conference Phone Projector Laptop Wireless Internet C Sound System (micro	ments: (please circle to confirm)	Yes Yes Yes Yes Yes	No No No	

Initial Here:_____