



# **NHHCA**

## **Conference Facility**

### **Rental Information**





# NEW HAMPSHIRE HEALTH CARE ASSOCIATION

5 Sheep Davis Road, Suite E  
Pembroke, NH 03275  
603-226-4900

## Conference Facility Rental Agreement

### CONTACT INFORMATION:

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### RENTAL SEPCIFICATIONS:

Name of Meeting: \_\_\_\_\_

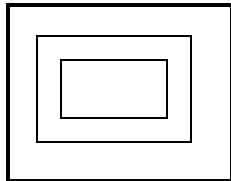
Date of Meeting: \_\_\_\_\_ Time of Meeting: \_\_\_\_\_

Number of Attendees: \_\_\_\_\_

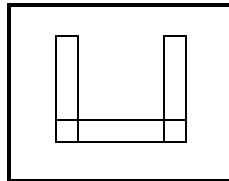
~ Building hours are from 8:00 AM - 5:00 PM ~

### ROOM SETUP:

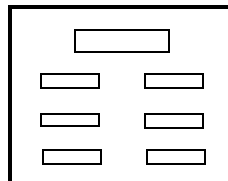
Please circle the setup that you would like.



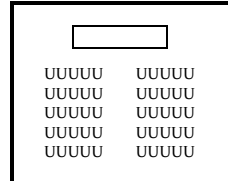
Hollow Rectangle  
(42 people)



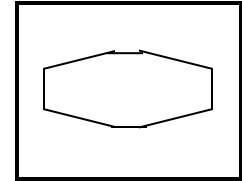
U-Shaped  
(30 people)



Classroom  
(50 people)



Theater  
(60 people)



Oblong  
(Board Room Only)

Other Options (please circle):

Head Table

Registration Table

Food Table



# NEW HAMPSHIRE HEALTH CARE ASSOCIATION

5 Sheep Davis Road, Suite E  
Pembroke, NH 03275  
603-226-4900

## Conference Facility Rental Agreement

### ROOM OPTIONS:

	<u>MEMBER</u>	<u>NON-MEMBER</u>
<input type="checkbox"/> <b>Training Room</b> (up to 60 people)		
Half Day	\$150	\$200
Full Day	\$200	\$250
<input type="checkbox"/> <b>Board Room</b> (up to 20 people)		
Half Day	\$75	\$125
Full Day	\$125	\$150

*Conference Room Total: \$* \_\_\_\_\_

### SERVICES NEEDED:

- |  |   |
|--|---|
| <input type="checkbox"/> Coffee/Tea—\$5.00 per pot<br># of Pots Hot Tea: _____<br># of Pots Regular Coffee: _____<br># of Pots Decaf Coffee: _____<br><br><input type="checkbox"/> Pitcher Iced Water— No charge<br># of Pitchers: _____<br><br><input type="checkbox"/> Copies—\$.10 each<br># of Copies: _____ | <input type="checkbox"/> Keurig (up to 20 people) —\$30<br>(tea/coffee/decaf) |
|--|---|

*Services Total: \$* \_\_\_\_\_

### EQUIPMENT NEEDED:

- Flip Chart and Markers—\$15.00
- Projector and Screen— No Charge

*Equipment Total: \$* \_\_\_\_\_

**GRAND TOTAL: \$** \_\_\_\_\_

I have filled in all requests and necessary information and agree to the terms and conditions of this agreement.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# NEW HAMPSHIRE HEALTH CARE ASSOCIATION

5 Sheep Davis Road, Suite E ~ Pembroke, NH 03275

Phone: 603-226-4900 FAX: 603-226-3376

## *Conference Facility Rental Agreement*

### **Terms and Conditions:**

- ◆ NHHCA reserves the right to change the reservation if Association demands occur.
- ◆ You are free to bring food and beverage of your choice. The NHHCA will provide you with Coffee and/or Tea for an additional charge. Ice Water is provided free of charge. There is a kitchen with sink available for your use. However, we ask that meeting attendees do not use the kitchen. Any leftover food or drink must be taken with you or disposed of in the trash receptacles outside.
- ◆ You are responsible for leaving the classroom in the same order it was in when you arrived. You will be held responsible for any damage to carpet, walls, tables, chairs or other equipment.
- ◆ Parking is permitted ONLY in the gravel parking lots to the side of the building, identified by the "Conference Meeting Parking" sign.
- ◆ PAYMENT POLICY: Payment is due in full with completed rental agreement form. Your meeting room will not be reserved without payment in full.
- ◆ CANCELTATION POLICY: 48 hours notice is required for cancelations. No refund will be given without proper cancelation notice.

I agree to the above terms and conditions for renting the NHHCA Training Room/ Board Room.

---

Company Name

---

Contact Name

---

Signature

---

Date