



RESERVATION FORM:

Tenant Name: _____

Address: _____

Contact Person: _____
(Please Print)

Telephone #: _____

Email: _____

Acknowledged By: _____

Date _____ / _____ / _____

Date(s) of Meeting: _____

Time of Meeting: _____
(Begin – End)

Number of People Attending: _____

SERVICES REQUESTED

Check Desired Services

LENGTH OF MEETING:

- \$175 – Half Day (4 hours or less)
- \$300 - Entire Day (Over 4 hours)
- \$500 – Saturday (Full Day Only)

CLEANING:

- Base Cleaning – No Charge
- Advanced Carpet Cleaning - \$150

SET-UP

- Class Room – Tables & Chairs
- Auditorium – Chairs Only
- U-Shaped – Up to 40 people
- Extra Chairs - \$2 per chair over 53 chairs

SIGNAGE:

Desired signage to read:

(8 ½ X 11 logo may be e-mailed to mandycardenas@cousinsproperties.com)



LINCOLN
CENTRE

RESERVATION FORM:

TOTAL COST AND TENANT AUTHORIZATION

Number of Days	\$ _____
Rate Per Day	\$ _____
Sub-Total	\$ _____
Extra Seating	\$ _____
Total Due	\$ _____

Manager will invoice Tenant for rental of the Building Conference Center. No room will be reserved without a fully executed Conference Center Rules and Regulations Agreement on file in the Building Management Office.

Important Note: Conference reservation(s) are not guaranteed until Manager receives this fully completed reservation form and confirms room/time availability.

Cancellations must be submitted in writing with at least 72 hours notice in order to avoid a cancellation fee. Cancellations not received within this time frame will result in the tenant being billed a \$50 cancellation fee.

Long Distance telephone charges that are not charged to a credit card or phone card will be billed back to tenant. Your signature below acknowledges this policy and tenant agrees to reimburse Owner as additional Rent under Tenant's Lease for all incurred telephone related charges.

TENANT SIGNATURE/ACKNOWLEDGEMENT OF ALL TERMS

X _____
Signature Date

Received in Management Office by: _____

Date: _____ / _____ / _____