



# Member Conference Room Request Form

### Company Information

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/St: \_\_\_\_\_  
 Zip: \_\_\_\_\_

### Event Details

Date: \_\_\_\_\_  
 Start Time: \_\_\_\_\_  
 End Time: \_\_\_\_\_  
 Type:  Meeting  
 Training  
 Event

### Member Room Costs M-F 8:00 am - 4:30 pm

Room Names	Half Day (0-4 Hours)	Full Day (4-8.5 Hours)
2A	\$100	\$200
2B	\$92	\$184
2A/B	\$120	\$240
2C	\$80	\$160
2D	\$80	\$160
2E	\$140	\$280
2F	\$120	\$240
2E/F	\$160	\$320
4A	\$160	\$320

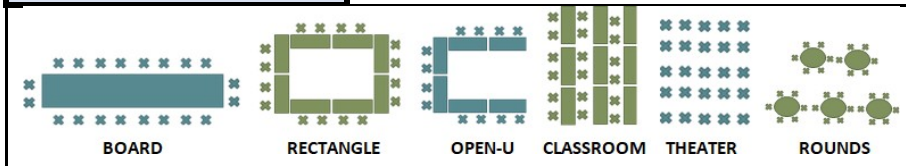
### Contact Information

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Rental Details

Table Setup: \_\_\_\_\_  
 No. of attendees: \_\_\_\_\_  
 Requested Room: \_\_\_\_\_

### Table Setup Examples:



### Table Setup Room Capacities

Set-up Types	2A	2B	2A/B	2C	2D	2E	2F	2E/F	4A
Board									40
Rectangle	16	8	24			32	28	44	
Open-U	12		20			24	22	30	
Classroom	18		26			40	24	64	
Theater	25		35			72	49	126	
Rounds				5	5	54	36	114	

### Room Extras (Subject to availability)

	Qty
<input type="checkbox"/> Additional Tables	
<input type="checkbox"/> Conference Phone	
<input type="checkbox"/> Easel(s)	
<input type="checkbox"/> Handheld Microphone	
<input type="checkbox"/> Podium	
<input type="checkbox"/> Podium Microphone	
<input type="checkbox"/> Screen/HDMI	
<input type="checkbox"/> Videoconferencing Owl*	
<input type="checkbox"/> White Board/Markers	

\*\$25 Additional Fee

### Extra Notes for Reservation:

\_\_\_\_\_

**Complete form and send to:**  
 info@lancasterchamber.com or 115 E King St, Lancaster, PA 17602 Attn: Melissa Lewis

**Thank you for your interest in the Truist Business Center Meeting Space!**  
**Please contact the Meeting Room Coordinator at 717-397-3531 with any questions**

<b>For Office Use Only</b>	Submission Date: _____	Payment Received: _____
	Code: _____ Confirmation Received: _____	Ref. No. _____