

Member Conference Room Request Form

Company Information				Event Details					Member Room Costs					
					- '	Date:					M-F	8:00 am - 4	4:00 pr	n
Name:						Start	Time:				Room	Half Day	Full	Day
Street:					•	End T	ime:			_	Names	(0-4 Hours)	(4-8 Ho	urs)
City/St:				Type: Meeting				_	2A	\$100	\$20	00		
Zip:								Traini	ng		2B	\$92	\$18	34
					•			Event			2A/B	\$120	\$24	40
										_	2C	\$80	\$16	50
Contact Information						Rental	Detai	İs		2D	\$80	\$16	50	
Name:					Table Setup:					2E	\$140	\$280		
Title:				•	No. of attendees:					2F	\$120	\$24	40	
Phone:				•	Requested Room:					2E/F	\$160	\$32	20	
Email:											4A	\$160	\$32	20
Table Setup	Exam	10 18 10	2000		* * *						Des			
****					* ****					Room Extras Qty				Qty
*****	×		× ;							(Subject to availability)				
*******************										Additional Tables				
BOARD RECTANGLE OPEN-I				U CLASSROOM THEATER ROUNDS					ᄖ	Conference Phone				
Table Setup Room				Canacities						Easel(s) Handheld Microphone				
Set-up Types	2A	2B	2A/B	2C	2D	2E	2F	2E/F	4A		Podium	<u> </u>		
Board	2/1	20	211715	20	20			21/1	40			Micropho	ne	
Rectangle	16	8	24			32	28	44	70		Screen/H	•		
Open-U	12		20			24	22	30				nferencing	Owl*	
Classroom	18		26			40	24	64				oard/Mark		
Theater	25		35			72	49	126						
Rounds				5	5	54	36	114		*\$2	5 Additiona	al Fee		
Extra Notes for Reservation:														
info@lancasterchamber.com or 115 E King St, Lancaster, PA 17602 Attn: Meeting Room Coordinator														

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

For Office Use Only	Submission Date:	Payment Received:	
Code:	Confirmation Received:		Ref. No.