

Conference Room Request Form

Company Information				Event Details						Non-Member Room Costs					
						Date:				_	M-F	8:00 am - 4	4:00 pr	n	
Name:						Start	Time:				Room	Half Day	Full	Day	
Street:				End Time:						Names (0-4 Hours)		(4-8 Ho	urs)		
City/St:				Type: Meeting					•	2A	\$125 \$25		50		
Zip:				☐ Training						2B	\$115	\$230			
								Event			2A/B	\$150	\$30	00	
										_	2C	\$100	\$20	00	
Contact Information					Rental Details					2D	\$100	\$200			
Name:				Table Setup:						2E	\$175	\$350			
Title:				No. of attendees:					-	2F	\$150	\$300			
Phone:				Requested Room:					-	2E/F	\$200	\$40	00		
Email:					·					-	4A	\$200	\$40	00	
Table Setup Examples:															
× × ×				XXX	* ****						Room Extras (Cubicat to availability) Qty				
***************************************											(Subject to availability)				
*****************				x						Additional Tables					
BOARD RECTANGLE OPEN-				U CLASSROOM THEATER ROUNDS						Conference Phone					
Table Setup Room				Capacities					片	Easel(s) Handheld Microphone					
Set-up Types 2A 2B 2A/B 2C				_	2D 2E 2F 2E/F 4A \square Podium										
Board	2, (20	27.70		20		21	22/1	40	$\prod_{i=1}^{n}$		Micropho	ne		
Rectangle	16	8	24			32	28	44	10		Screen/HDMI				
Open-U	12		20			24	22	30				nferencing	• Owl*		
Classroom	18		26			40	24	64			White Board/Markers				
Theater	25		35			72	49	126		ш					
Rounds				5	5	54	36	114		*\$2	5 Additiona	al Fee			
Extra Notes for Reservation:															
Extra riotes for rieser varion.															
info@lancasterchamber.com Complete form and send to: 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:	onfirmation Received:			Ref. No.	