ROOM RESERVATION FORM

Please read carefully, sign the bottom of the page and email to cmartinez@rgcf.org.

The Rio Grande Cancer Foundation has two meeting rooms at our office, 616 N. Virginia, and are pleased to make them available for business and professional use Monday - Thursday from 9 am - 5 pm, and Fridays from 9 am - 3 pm, excluding holidays. Evening and Saturday use are considered on a case-by-case basis.

RESERVATIONS

ROOM REQUESTED:

Reservations must be made 2 weeks prior to your event. Please confirm your reservation via phone 7 days before the event. Failure to do so can result in automatic rescheduling or canceling of event. If you need to cancel your reservation, kindly notify us at least 24 hours in advance. If you do not cancel and do not use the facility, you nor your organization will be eligible for this service in the future.

MFFTING ROOM FFFS:

Edmunds Conference Room: Seats 25	There is no c	There is no charge for use of the rooms but consider a donation to our Foundation			
J. Leighton Green, Jr. Classroom: Seats 30					
Nature of Event					
rvature or everit					
Organization Name (if applicable)					
Date of Event	Event Time Allow 30 minutes for set-up (Begin - End)		# Attendees		
Set-Up Date If different than event date	Set-Up Time	(Begin - End)			
Contact Person	Email				
Mailing Address		City	State	Zip	
Telephone		Fax			
Additional Arrangements:					
Food and beverages allowed. Arrangements ar	re made by oraani	zation requesting use	of the room.		
Both Meeting Rooms are equipped with LCD HD				ition.	
I, the undersigned, do understand:					
 I, or the group that I represent, will assume all Foundation liable in case any accident or injur remove the liability assumed. 					
• I must contact the Foundation no less than 7 or rescheduling or canceling of my event.	days prior to the ev	ent to confirm my res	ervation. Failure to do	so can result in automati	
• I may cancel my reservation 24 hours prior to eligible for this service in the future.	my event. If I do no	t cancel and do not u	se the facility, I nor my	organization will be	
Renter's Signature		 Date			

