



USAGE OF SPACE RENTAL AGREEMENT

SCHEDULE OF FEES

ALIGN/ECVO	<input type="radio"/> MEMBER	<input type="radio"/> NON-MEMBER	<input type="radio"/> AFFILIATE	COST
<input type="checkbox"/> Half Day (3 hours or less)	\$ 50.00	\$ 100.00	\$ _____	\$ _____
<input type="checkbox"/> Full Day (Greater than 3 hours)	\$ 100.00	\$ 200.00	\$ _____	\$ _____
<input type="checkbox"/> IT Equipment (per item)	\$ 25.00/ea.	\$ 25.00/ea. X ____	\$ _____	\$ _____
<input type="checkbox"/> Staffing after Business Hours	\$ 50.00/hr.	\$ 50.00/hr. X ____	\$ _____	\$ _____
<input type="checkbox"/> Loss or Keys or Recoding Door	\$ 50.00	\$ 50.00	\$ _____	\$ _____
<input type="checkbox"/> Damage to Property or Equipment – to be assessed at end of contract if necessary				TOTAL \$ _____

Payment Method Prepaid by Cheque To be Invoiced Fees Waived by _____

Name of Organization _____

Contact Person _____ Office Phone # _____ Cell Phone # _____

Address _____ City _____ Prov. _____ Postal Code _____

Email Address(s) _____

Date of Booking (Signed Rental Agreement) _____ Date of Payment _____

Date(s) Space Required _____ Time _____

Name of Person Responsible for Key and Space Set Up / Clean Up _____

I, _____ as a representative of the above-named organization hereby state that I have read and acknowledge the terms and conditions of the Usage of Space Letter of Understanding and further agree to payment of the fees for as outlined in the Schedule of Fees as stated on the Usage of Space Rental Agreement.

Authorized Signature of Renter

ALIGN/ECVO Rental Coordinator Signature

OFFICE USE ONLY

Booked in Collaborative Calendar _____ Initials _____ Entered in SAGE _____

SUBMIT FORM