Building Equity, LLC - Public Meeting Space Request Form

1112 Plaza Del Norte, Española, NM 87532

Phone: (505) 753-8890

Fax form to (505) 753-8915 or email to patsy@lanlfoundation.org.



Name of Meeting		
Organization Address, City, State, Zip		
Contact Name	Title	
Phone Number	Email	
Organization/Group Type: Nonprofit Government	nent Agency LANL	
Requested Meeting Date(s), maximum of 3 consecutive da	ays	
Time of Meeting(s)	Number of Attendees	
Meeting Room: ☐ Conference Room (up to 40) Setup: ○ Classroom ○ U-shape ☐ Board Room (up to 14) ☐ Study (up to 8)	○ Square ○ Dinner (round tables) ○ Other	
Will your meeting be catered? No Yes Catere	er's Name from Approved Vendors	
	es, List Items	
Are you charging your attendees an admission fee to att		
NOTE: Plasma screen TV (Board Room) and DLP projector (Confe	Room) Plasma screen TV (Board Room) erence Room) use a standard VGA input. Building Equity does not sup about networking, hardware uses, or connectivity, please ask in adva	
	gment and Agreement —	
By signing this document, I acknowledge on my own behalf Use Policy and agree to abide by its terms and the terms set time period requested and/or while participants of this activity will be responsible for making sure that the representative(s) from with the terms of this document and Building Equity's Building damages of whatever nature incurred by me or members of my my organization, guests of my event, or the negligence of third forever release and discharge Building Equity, its member, and adamages. (Organization) irrevocably and Equity and its member from and against any and all claims, liab my organization's use of the Meeting Rooms.	f and that of my organization, that I have read Building Equity's tforth in this form. I will personally be in attendance throughout are in the Building Equity's Meeting Rooms or on its grounds, or, in room my organization who will be present are aware of and agree to g Use Policy. Building Equity, LLC will not be liable for any claims, if y organization, or guests of my event due to the negligence of memparties. On behalf of myself and the organization that I represent agents or employees of the foregoing, from any such claims, injuring unconditionally agrees to defend, indemnify and hold harmless bilities, losses and expenses whatsoever arising from or in connect THE PREMISES, EXCEPTION SERVICE DOGS	the fnot, I comply injuries, inbers of I expressly ies, or Building
User Representative: Printed Name, Title *Space will NOT be booked until this signed form is submitted by fax	Signature* x 505-753-8915 or email patsy@lanlfoundation.org. Call 505-753-8890 w	Date ith questions.
REVISED 03/29/17 For Internal Use Only: Meeting Approved \(\sqrt{1} \) No \(\sqrt{2} \)	Yes Approval Date By	