



CONFERENCE ROOM RESERVATION FORM

One Washington Square ♦ San José, CA 95192-0128

Phone: (408) 924-6242 ♦ Fax: (408) 924-6224

Revision: January 2008

INSTRUCTIONS: To reserve a conference room, please first call (408) 924-6242 to determine room availability. Priority for rooms are given (in order) to Associated Students activities, SJSU students, SJSU departmental functions, and external groups.

BILLING: An invoice will be issued upon signing the contract and reservation form. Payment is preferred before the start of the event. Please make checks payable to Associated Students. Attention: *Conference Room Services*. At this time Associated Students cannot accept credit cards.

FOOD & CATERING: Every group is responsible for their own food arrangements. Catering services must be arranged with Spartan Catering Services (408-924-1752). Associated Students is not responsible for organizing your set up or pick up time for your catering. You **MUST** be present when they set up and make sure catering services pick up on time after the event. Please notify us of your catering arrangements when you finalize your reservation. Associated Students and San José State University does not carry a liquor license. To serve liquor you must contact Spartan Shops Catering Services. The Fireside Room is the only conference room that can accommodate catering services. If you would like to use the Board Room and have catering services, you will need to reserve the Board Room and the Fireside Room, paying fee (if applicable) for both rooms.

CANCELLATION POLICY: We require a cancellation notice of 48 hours in advance and a 15% administrative cost will be charged. Associated Students is not responsible for canceling any catering orders.

DAMAGE / LIABILITY: Any damage to the property will be charged back to the responsible party for full reimbursement. Associated Students reserves the right to request proof of liability insurance with Associated Students named as additional insured prior to the event date.

REQUESTED ROOM

☐ Fireside Room, 1st Floor, Room 103
Room Capacity: 40 – Reception / 24 - Meeting

☐ Board Room, 2nd Floor, Room 202
Room Capacity: 35 – Reception / 35 - Meeting

NAME & COMPANY INFORMATION

| | | | |
|------------------------|------------------------|--|-----------|
| Person In Charge: | | Organization/Department/ Company Name: | |
| Day Time Phone Number: | Cellular Phone Number: | Fax Number: | |
| Mailing Address: | City: | State: | Zip Code: |
| Email Address: | | | |

BILLING INFORMATION

| | | |
|------------------------|---------------------|--------------------|
| Purchase Order Number: | Requisition Number: | SJSU Extended Zip: |
|------------------------|---------------------|--------------------|

EVENT INFORMATION

| | | | |
|---|--|--|--|
| Requested Date(s): | | Day(s) of the Week: | |
| Pre-Access Time: ____:____ <i>check one</i> <input type="checkbox"/> am <input type="checkbox"/> pm | Post-Access Time: ____:____ <i>check one</i> <input type="checkbox"/> am <input type="checkbox"/> pm | Event Start Time: ____:____ <i>check one</i> <input type="checkbox"/> am <input type="checkbox"/> pm | Event End Time: ____:____ <i>check one</i> <input type="checkbox"/> am <input type="checkbox"/> pm |
| Name of Event: | | Type of Event: | |
| Number of People Attending (must not exceed posted maximum seating capacity in each room): | | | |

CATERING INFORMATION

| | | | |
|-----------------------|------------------------|--------|----------|
| Company Name: | Contact Name: | | |
| Company Address: | City: | State: | Zip Code |
| Company Phone Number: | Company Email Address: | | |

AUDIO / VIDEO EQUIPMENT

| | | |
|--|-----------------------------------|---|
| Will you need audio or video equipment: <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| If yes, please select which type of equipment you will need: | | |
| <input type="checkbox"/> LCD Project | <input type="checkbox"/> TV / VCR | <input type="checkbox"/> Wireless Internet Access |



CONFERENCE ROOM RESERVATION CONTRACT

One Washington Square ♦ San José, CA 95192-0128

Phone: (408) 924-6242 ♦ Fax: (408) 924-6224

Revision: November 2007

THIS AGREEMENT is made between Associated Students, SJSU this _____ day of _____, 20__ __ and
(Date) (Month)

(Organization/Department/Company Name)

(Name of person in charge)

The purpose of this agreement is to set forth the terms and conditions under which Associated Students, SJSU may operate to provide conference room services to enter into this contract. Please read and initialize the following terms and conditions to indicate your understand and compliance of this agreement.

_____ Be responsible for reading all room rental policies and procedures located on the Associated Students website: http://www.as.sjsu.edu/ashouse/index.jsp?val=conference_rooms

_____ Pay all fees for the room prior to the event. Supplemental charges if incurred, a second invoice will be provided by Associated Students. Associated Students reserves the right to cancel the event if payment has not been received on the event date.

_____ Any damages to the facilities, equipment or furniture will be invoiced to the entity (person) responsible for the event.

_____ Be responsible for your own catering services and notify Associated Students of any catering arrangements three (3) days in advance by providing the vendor's information on the Conference Room Reservation Form.

_____ Pay a \$100.00 cleaning fee if Associated Students is required to clean the facility after the event (above and beyond normal impact).

_____ Groups utilizing the facilities after working hours will be given a 15 minute grace period added to the contract "post-access" time to allow for clean up and exiting the building. If the groups have not exited after those 15 minutes, a charge of \$45.00 will be assessed for the excess time for every 15 minutes.

_____ Client agrees to indemnify, defend and hold harmless the Associated Students, San José State University, the Trustees of the California State University and the State of California, their officers, agents and employees for any and all liability, claim, loss, cost of obligations on account of or arising out of any injury, death or damage to persons or to property from what ever cause where such injury, death or damage is connected with the event, use or services scheduled.

And Associated Students agrees to:

- 1) Reimburse any payments if the function was cancelled within 48 hours before the event, minus a 15% administrative fee.
- 2) Associated Students reserves the right to suspend or terminate the function in the event of non-compliance of posted seating/room capacities or attendance exceeds maximum posted seating/room capacity. This is in compliance to fire and safety rules.

I, on behalf of, and as an authorized agent of the above named organization; agree to abide by the policies of Associated Students, and San José State University regarding the use of the facilities. I have read and understand all policies regarding fees, cancellations and no shows.

Signature

_____/_____/_____
Date

Print Name