



Meeting Rooms at Paso del Norte Health Foundation

Attention: Please read carefully, and initial page 2, (Rules Relating to Use of the Meeting Rooms at Paso del Norte Health Foundation) and sign page 3 (Meeting Room Request).

You may either email the completed form to health@pdnfoundation.org or hand deliver both documents to our offices.

The Paso del Norte Health Foundation, which is referred to in these rules as “Foundation” is pleased to make the Meeting Rooms at its offices at 221 N. Kansas, Suite 1900 available for business and professional use by organizations located in the region.

The Meeting Rooms at the Paso del Norte Health Foundation are available from **7:30 a.m. to 5:30 p.m. Monday through Thursday and 7:30 a.m. to 3 p.m. on Fridays**, excluding holidays. Evening and Saturday use will be considered on a case by case basis. Reservations will be accepted for three consecutive months in advance and up to 90 days.

The Meeting Rooms:

Seating:

Meeting Room A	Seating for 8
Meeting Room B	Seating for 12
Meeting Room C	Seating for 18
Meeting Room D	Seating for 18
Meeting Room C & D	Seating for 40

Maximum Occupancy for Meeting Room C & D is 48. This abides by the city fire and safety regulations and may not be exceeded.

Meeting Room Fees:

Non-profit 501(c)3	No Charge
One Validation Parking Sticker per day will be issued.	

	5 hours or less	All Day
For-profit	Meeting Room A	\$ 25
	Meeting Room B	\$ 40
	Meeting Room C	\$125
	Meeting Room D	\$125
	Meeting Room C & D	\$175
One Validation Parking Sticker per day will be issued.		



Meeting Rooms at Paso del Norte Health Foundation

Please read carefully, and initial the bottom of this page, Rules Relating to Use of the Meeting Rooms.

Reservations:

- To reserve a meeting room, complete the Meeting Room Request form and initial the Rules Related to the use of the Meeting Room located at www.pdnfoundation.org/resources. These documents should be emailed to health@pdnfoundation.org. Request should be submitted ten (10) working days prior to the meeting.

General Rules:

- Full cost of the room must be paid by check, money order or cashier's check (5) working days prior to event date. Checks must be made payable to the **Paso del Norte Health Foundation**.
- A cancellation notice must be made within 48 hours of the meeting date by email to health@pdnfoundation.org.
- To facilitate the unloading of supplies, equipment and catering, vehicles may enter the Wells Fargo building through Texas Street to access the loading/unloading dock. Request must be made in advance to make necessary arrangements to enter into this area. Vehicles are allowed in the loading/unloading dock for a maximum of 20 minutes.
- NO directional signs, writing charts, or other items are to be placed on walls in any meeting room or in the hallway.
- There will be a 25 cent per page charge for all document printing and documents copy requests.
- The Foundation is not responsible for damage or loss of any items left on the premises prior, during, or after an event. Any damage to the meeting room(s) or contents of the room(s) will be the direct responsibility of the renter with the renter assuming full liability for such damages.
- The Foundation will not be held liable in case any accident or injury should result during the use of the meeting rooms. Insurance coverage does not remove the liability.
- Renter is responsible for catering arrangements, including beverages and utensils. Failure to clean kitchen and food items from meeting room will result in denial of future use. Damages or spills requiring building maintenance will be billed to the renter.
- Any publicity relating to an event at the Meeting Rooms must clearly identify the sponsors of the event, the date and time of the event. Under no circumstances is such publicity to indicate or imply that the Foundation is a sponsor.

Setting Up:

- Foundation personnel will assist with a scheduled initial set-up of computer application, presentations, phone speaker and projector. It will be the responsibility of the renter to move tables and chairs to their needs and to return to the original set-up after event. Failure to do so will result in a service fee being billed to the renter.

_____ initial



Attention: Please read carefully and initial page 2 of the Rules Relating to Use of the Meeting rooms form and sign the Meeting Room Request. You may email the completed form to health@pdnfoundation.org.

Organization Name: _____

Non-profit
501(c) _____

For-Profit _____

Name and Nature of Event: _____

Contact Person: _____ Title: _____

Phone Number: _____ Email Address: _____

Date of Event: _____ Time: _____ to _____ Number Attending: _____

Set-up Date: _____ Time: _____ to _____ (Please allow 30 minutes for setup)

Room Choice(s)
Select your room accordingly.

Meeting Room A:	Capacity of 8 people, conference table seating	
Meeting Room B:	Capacity of 12 people, boardroom seating	
Meeting Room C & D:	Capacity of 40 people, classroom seating	
Meeting Room C:	Capacity of 18 people, classroom seating	
Meeting Room D:	Capacity of 18 people, hollow square seating	

Equipment

Meeting Room A:	<input type="checkbox"/>	42" LCD HDTV	Cost	No Charge
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Meeting Room B:	<input type="checkbox"/>	42" LCD HDTV	Cost	No Charge
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Meeting Room C:	<input type="checkbox"/>	42" LCD HDTV	Cost	No Charge
	<input type="checkbox"/>	AV Receiver (Sound System)		No Charge
	<input type="checkbox"/>	Video Projector		\$25.00

Meeting Room D:	<input type="checkbox"/>	42" LCD HDTV	Cost	No Charge
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Equipment Required:	<input type="checkbox"/>	Conference Phone with Speakers	Cost	\$25.00
	<input type="checkbox"/>	Flip Chart Stand/Tripod		\$10.00
	<input type="checkbox"/>	WebEx and Camera		\$50.00

Additional Arrangements:	Loading and unloading required	<input type="checkbox"/>	If yes, please provide: Date: _____ Time: _____	No	<input type="checkbox"/>
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I, the undersigned, do understand that I, or the group that I represent, will assume all liability and will be billed for damages and cannot hold the Paso del Norte Health Foundation liable in case any accident or injury should result during the use of the meeting rooms. Insurance coverage does not remove the liability assumed.

Renter's Signature

Date

If e-signature not available, please print and sign document.