



860B Silas Deane Highway, Wethersfield, CT 06109  
(860) 721-6200 Fax (860) 721-8703  
[www.wethersfieldchamber.com](http://www.wethersfieldchamber.com)

**Conference Room Rental Request Form**

To Reserve Call: Jeanne Kelly @ (860) 513-4024 X215

Date of Application: \_\_\_\_\_

Name of Company/Organization: \_\_\_\_\_  
Date Requested for Meeting: \_\_\_\_\_ Time Requested: \_\_\_\_\_  
Number of Attendees: \_\_\_\_\_ (Max 40) Purpose of Meeting: \_\_\_\_\_  
Renter Name: \_\_\_\_\_ ID Type: \_\_\_\_\_ Number \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Renter Mailing Address (No PO Box): \_\_\_\_\_ Must Match ID above. \_\_\_\_ (Initial  
Confirming Match)  
Contact Phone: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Office Rental Hours: Monday-Saturday, 7:00am –9:00pm, excluding holidays.

Rental Cost: Conference Room rental is for 3-hour blocks of time:

**Chamber Members:** **\$50.00 per each 3-hour block of time**  
**Non-Members:** **\$75.00 per each 3-hour block of time**  
**Chamber Committees and Town Committees: FREE**

A cleaning deposit of \$50.00 is also required. This deposit shall be returned contingent on verification by the Chamber that everything is in order. Please make **2 checks\*** payable to:

**Wethersfield Chamber of Commerce  
860 B Silas Deane Highway  
Wethersfield, CT 06109**

( \* One check for the rental of the office and the other for the cleaning deposit. On your checks please reference date and time of rental.)

By signing below, I \_\_\_\_\_, Authorized Renter for  
PRINT Renter's Name

\_\_\_\_\_, acknowledge and take full responsibility for ensuring the following:  
PRINT Business Name

- 1) Maximum number of people not to exceed 40 for space.
- 2) Renter must be present at all time.
- 3) No smoking and no alcohol will be permitted on premise.
- 4) All supplies, including food or soft drinks, brought in by Renter must be removed prior to locking up after event.
- 5) Renter is responsible for setting up and putting away all tables and chairs, turning off lights, removing garbage and locking all doors immediately following event.

\_\_\_\_\_  
Renter's Signature

\_\_\_\_\_  
Date

For Chamber Use Only: Date Received: \_\_\_\_\_

Total Hours: \_\_\_\_\_ Total Cost: \_\_\_\_\_ Member: Y / N Approved By: \_\_\_\_\_ Paid: Y / N Space Clean: Y / N Dep. Return date: \_\_\_\_\_