



**FOR OFFICE USE ONLY**

Use Date: \_\_\_\_\_ Room Assignment: \_\_\_\_\_ Times: \_\_\_\_\_

**CONFERENCE ROOM RENTAL/ USE APPLICATION**

Please return this application and any applicable fees to Digital Archives at least one (1) week prior to the event. Digital Archives facility is available Monday through Friday between 8:00 a.m. and 5:00 p.m. You may E-mail the application to [roomreservation@digitalarchives.wa.gov](mailto:roomreservation@digitalarchives.wa.gov). A completed application must be submitted for each date requested. Failure to comply with the above may jeopardize your use of the conference room

**PLEASE PRINT**

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Day Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

2<sup>nd</sup> Contract \_\_\_\_\_ Day Telephone \_\_\_\_\_

**Type of Organization:**

- Government
- Nonprofit Community Groups
- Commercial
- Other (please explain)

**Type of Meeting:**

- Educational
- Planning
- Commercial
- Retail
- Public Hearing
- Other (please explain)

Purpose of Meeting \_\_\_\_\_

Date Requested \_\_\_\_\_ Time Requested \_\_\_\_\_ to \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_

Conference Room(s) Needed \_\_\_\_\_ Expected Attendance \_\_\_\_\_

**Equipment Request:** Please refer to the attached Rental Agreement for the equipment terms and conditions.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Tables and Chairs Setup | <input type="checkbox"/> Standard Setup (XP and IE) | <input type="checkbox"/> Custom Software    |
| <input type="checkbox"/> Podium                  | <input type="checkbox"/> VCR                        | <input type="checkbox"/> Parking Passes Qty |
| <input type="checkbox"/> Instructor Computer     | <input type="checkbox"/> DVD                        | <input type="checkbox"/>                    |
| <input type="checkbox"/> with Internet           | <input type="checkbox"/> Projector                  |   |
| <input type="checkbox"/> Internet Access         | <input type="checkbox"/> Microphone                 |   |

Additional Comments \_\_\_\_\_

I have read the Washington State Archives, Digital Archives Conference Room and Classroom Rental/Use Agreement” and agree to comply with the Agreement. I understand that I am responsible for any damage or negligence incurred while the conference room is in use during the assigned time and I am responsible for the setup and takedown of the rooms as determined by the Digital Archives staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_