

MATERIALS INNOVATION LABORATORY SPACE RENTAL AGREEMENT

PRE-EVENT CONTACT

Company Name: _____

Event Contact Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Event Contact Phone: _____ Email: _____

ONSITE INFORMATION

☐ Same as pre-event contact

Contact Name: _____ Title: _____

Contact Phone: _____ Email: _____

EVENT INFORMATION

Event Name: _____

Start Date of Event: _____ Start Time of Event: _____

End Date of Event: _____ End Time of Event: _____

Requested Time to Access Building (Each day if multiple): _____

Anticipated Number of Participants (Each day if multiple; 30 Max.): _____

Catering Required (Circle One): Yes or No

- ☐ 20% surcharge added to catering total for us to arrange
- ☐ You may arrange and set-up your own catering at no extra cost

SELECT YOUR ROOM NEEDS BELOW; THEN TOTAL:

Selection	Room	Rate	Total
<input type="checkbox"/>	Materials Innovation Laboratory: 1 Full Day	\$800	\$800
<input type="checkbox"/>	Materials Innovation Laboratory: ½ Day	\$500	\$500
<input type="checkbox"/>	Materials Innovation Laboratory: Multiple Days	\$800	# Days: _____ x \$800
Total Room Rental Fee			\$

PROVIDED TECHNOLOGY:

- ☐ Wifi
- ☐ (3) 55 in. Mobile Monitors (**Indicate # of monitors needed**): _____
- ☐ 10 ft. x 10 ft. Screen and Projector
- ☐ Printer capabilities with flash drive

This rental request constitutes an agreement between the Materials Innovation Laboratory at The Ohio State University and the named above.

Signature: _____ Date: _____

Printed Name: _____ Title: _____