



**COMMUNITY CONFERENCE ROOM APPLICATION**  
**202.274.5536**

Name and Title of Applicant \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Business Name \_\_\_\_\_ Email Address \_\_\_\_\_

Date(s) of the Rental: \_\_\_\_\_

Number of Attendance \_\_\_\_\_ Name or Type of Event \_\_\_\_\_

Renter is:    \_\_\_ CCDC affiliate    \_\_\_ CE partner    \_\_\_ Non-profit organizations  
                   \_\_\_ For-profit organizations    \_\_\_ Other \_\_\_\_\_

**ACCOMODATIONS**

<p><b>Community Conference (Rooms)</b>  <b>Half Day: 4 hours or less</b></p> <p>___ 1 Room \$300.00          ___ 2 Rooms \$400.00          ___ 3 Rooms \$500.00</p> <p><b>Room Choice/Set-up (Theatre Style)</b>          ___ Room 114 with chairs only          ___ Room 116 with chairs only          ___ Room 118 with chairs only</p> <p><b>Room Choice/Set-up (Classroom Style)</b>          ___ Room 114 with tables and chairs          ___ Room 116 with tables and chairs          ___ Room 118 with tables and chairs</p> <p>Availability:          Monday-Saturday          8AM-9:30PM</p>	<p><b>Community Conference (Rooms)</b>  <b>Full Day: 5 hours or more</b></p> <p>___ 1 Room \$400.00          ___ 2 Rooms \$500.00          ___ 3 Rooms \$600.00</p> <p><b>Capacity:</b>          Whole use of Conference Room:          Theatre Style 160          Classroom 60</p> <p>Room 114          Theatre Style 40          Classroom Style 18</p> <p>Room 116          Theatre Style 60          Classroom Style 30</p> <p>Room 118          Theatre Style 60          Classroom Style 24</p>
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Please give a short description of the proposed event:

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Use of the Community Conference Room(s) is subject to availability and first come first served basis. The Community College of the District of Columbia's events has priority.

The space is furnished with tables and chairs. It is the responsibility of the Party to set-up the event and removal of materials from event.

Block Time for Facility use: Total hours \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Time Allocated for Event Set-up: Total hours \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Time Allocated for Event: Total hours \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Time Allocated for Removal of Materials: From \_\_\_\_\_ To \_\_\_\_\_

Will food and beverages be provided at the event? Yes \_\_\_\_\_ No \_\_\_\_\_

AV needed: \_\_\_\_\_ Projector \_\_\_\_\_ Wi-Fi \_\_\_\_\_

If additional equipment is needed for the event it must be arranged with an outside vendor by the Party at their own expense.

Please list outside vendor:

Name \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone  
number \_\_\_\_\_

Email \_\_\_\_\_

Service the vendor will provide:

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\_\_\_\_\_  
Renter Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
UDCCC

\_\_\_\_\_  
Date

**\*Prices are subject to change.**