

Equipment Reservation Form

Please fill out this form completely, read the policy statement, sign the bottom, and fax to 646-514-6783

Important: Please Read Carefully Before Reserving Equipment

Your organization is responsible for 100% (one hundred percent) of the fee of all equipment requested on this form unless another credit card is supplied directly on this form. You are fully responsible for any equipment requested on this form and agree to return it to NYCSCC in same condition it was received.

Your signature at the bottom of this form indicates your authority to enter into this agreement, your understanding of this policy and that you agree to comply, including full payment of any damaged equipment or applicable cancellation fees.

1 Billing & Contact Information

Company	Contact Name	Contact Phone
Address	E-Mail	Fax
City	State	Zip

2 Event Information

Name of Event(s)

List All Dates Equipment Needed

Room Used	Daily Start Time	AM PM	Daily End Time	AM PM
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3 Facilities & Options

- Options:
- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Laptop Computer | <input type="checkbox"/> Internet Access | <input type="checkbox"/> PA System w/ Wireless Mic | <input type="checkbox"/> Podium |
| <input type="checkbox"/> LCD Projector | <input type="checkbox"/> Projector Screen | <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Flip Chart |
| <input type="checkbox"/> Desktop Speakers | <input type="checkbox"/> Network Printer | <input type="checkbox"/> Duplex Speaker Phone | <input type="checkbox"/> Breakout Conference Room |
| <input type="checkbox"/> 24 Hour Hold | <input type="checkbox"/> Portable Whiteboard | | |

5 Additional Requirements or Special Instructions

6 Payment

- Visa MasterCard American Express Discover Card

Card Number	Expiration Date	Billing Zip	Name on Card
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7 Signature

Signature indicates acceptance of NYCSCC's policies as outlined above.

X	Date
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