



## OFFICE OF CONTINUING EDUCATION ROOM RENTAL FORM

* Standard Classroom A: <input type="checkbox"/> 4 hours (\$100) <input type="checkbox"/> 8 hours (\$150) * Computer Lab: <input type="checkbox"/> 4 hours (\$300) <input type="checkbox"/> 8 hours (\$600) * Standard Classroom B: <input type="checkbox"/> 4 hours (\$210) <input type="checkbox"/> 8 hours (\$350) → (Rm: 5108 and LRC * Lab + Lab Attendant: <input type="checkbox"/> 4 hours (\$500) <input type="checkbox"/> 8 hours (\$1,000) <b>Training Room)</b>	Cost: \$ _____ Cost: \$ _____ Cost: \$ _____ Cost: \$ _____
<b>TECHNOLOGY CENTER</b>	
* Standard Lecture Classroom A <input type="checkbox"/> 4 hours (\$150) <input type="checkbox"/> 8 hours (\$250) * Standard Lecture Classroom B <input type="checkbox"/> 4 hours (\$210) <input type="checkbox"/> 8 hours (\$350) * Lab A + Lab Attendant: <input type="checkbox"/> 4 hours (\$620) <input type="checkbox"/> 8 hours (\$1240) * Lab B + Lab Attendant: <input type="checkbox"/> 4 hours (\$1240) <input type="checkbox"/> 8 hours (\$1400)	Cost: \$ _____ Cost: \$ _____ Cost: \$ _____ Cost: \$ _____
<b>MULTI-PURPOSE BUILDING</b>	
* <input type="checkbox"/> 4 hours (\$200) <input type="checkbox"/> 8 hours (\$275)      One Venue (seating capacity of 50-75) * <input type="checkbox"/> 4 hours (\$500) <input type="checkbox"/> 8 hours (\$750)      Full Venue (seating capacity of 300)	Cost: \$ _____ Cost: \$ _____
<b>ALLIED HEALTH BLDG – ANTHONY LEON GUERRERO (Lecture Halls)</b>	
* <input type="checkbox"/> 4 hours (\$200) <input type="checkbox"/> 8 hours (\$300)      (seating capacity of 50) * <input type="checkbox"/> 4 hours (\$200) <input type="checkbox"/> 8 hours (\$300)      (seating capacity of 60)	Cost: \$ _____ Cost: \$ _____
<b>EQUIPMENT RENTAL</b>	
* <input type="checkbox"/> Chairs      Quantity: _____ * <input type="checkbox"/> Tables      Quantity: _____	Cost: \$ _____ Cost: \$ _____
Clean up Fee (per day): \$50.00 x _____ days = \$ _____  Equipment Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No * (Fee Schedule Attached)	Cost: \$ _____   Total Cost: \$ _____
Revenue BAC: _____	

Date and Time of Event: \_\_\_\_\_ Program: \_\_\_\_\_  
 Name of Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Amount Received: \$ _____	Balance: \$ _____
*Purchase Order Number (if applicable): _____	
Purpose for Room Rental: _____	
Room Number: _____	
Seating Capacity: _____	

**\*Purchase Order must be received 5 days prior to the event date.**

By signing the Guam Community College Room Rental Agreement, the group(s) using the college facilities shall conform to all Guam laws, ordinances, and fire regulations and to hold the COLLEGE harmless from any and all property damage and/or personal injury arising from the college facility usage as agreed upon regardless of the nature or cause of said damage and/or injury.

Contracting Person/Organization Signature \_\_\_\_\_ Date \_\_\_\_\_

Assistant Director, Continuing Education and Workforce Development \_\_\_\_\_ Date \_\_\_\_\_



# OFFICE OF CONTINUING EDUCATION ROOM RENTAL AUDIOVISUAL CHECKLIST

Revised TA 2/2012

### Computer Labs include the following provisions:

1. Fully networked lab/classroom – seating capacity of twenty (20) students
2. Personal Computers for each student – 20 workstations
3. High speed access to the internet
4. White Board/chalkboard/markers
5. Tables and chairs
6. Air-conditioned rooms

### Audiovisual Equipment Fees: *Please check needed items. (Per day)*

<input type="checkbox"/>	Multi-Media Projector	\$100.00
<input type="checkbox"/>	Wifi for max of 10	\$50.00
<input type="checkbox"/>	Speaker system (Built in)	\$25.00
<input type="checkbox"/>	PA System (Multi-Purpose Auditorium Only)	\$25.00
<input type="checkbox"/>	Other visual devices (Please specify below) <i>(example: DVD Player, Digital Camera, Laser Disc Player, etc.)</i>	\$25.00

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**TOTAL: \$**

Please indicate if assistance is needed for visual equipment when utilizing standard classroom.

Yes                       No

**Note: Arrangements must be made 7 business days prior to the event to review equipment usage.**

**If equipment is returned damaged, lost or stolen lessee will be responsible for replacing equipment at the appraised value as determined by Materials & Management at GCC.**

Signature	Date
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