

Conference Room Reservation Request

Please refer to the Conference Room Guidelines before completing this form.

Today's Date:				
Pinecroft Business Park Tenant Name:				
CONTACT INFORMAT	TION			
Name:		Phone:		
Email:				
Alternate Contact:		Phone:		
Email:				
MEETING INFORMA	TON			
Meeting Dates:	to	Attendance Number:	Maximum Occupancy: 25	
Start Time:	AM PM	End Time:	AM PM	
Meeting Title:				
Note: If you need addition	nal time for prep and/or clean ເ	up, please include it in the sta	rt & end times.	
presentations with mult	TV's are in the room for iple computers or an HDMI s Guest Wi-Fi is available.			
FOOD SERVICES				
Are you planning on hav	ring this catered?	Yes No		
If "Yes", please provide	the name of the catering con	npany and the main contac	rt.	
The person reserving the r cleaning up the room (i.e. are removed.)	oom or the designee is responsib emptying trash, wiping off tables	le for arranging catering. The and chairs and making sure a	ry are also responsible for Il handouts and materials	



By submitting this reservation form to use the conference room, I assume responsibility for the following:

- 1. Reimbursing Pinecroft, LLC for missing equipment, and repair to room and furnishings for damages, which occur during the duration of my event.
- 2. Agreeing to abide by the Pinecroft Business Park Conference Room Guidelines.

Your reservation request has <u>not</u> been finalized until you have received a confirmation email stating that your reservation has been approved. The approval process may take up to 48 hours.

Once you have completed the reservation form, you can either email, fax or hand deliver to:

JMA Commercial Real Estate, LLC 12709 E Mirabeau Parkway, Suite 10 Spokane Valley, WA 99216 amenities@leavittcap.com

Fax: 509.927.5989

For JMA Use Only:	
Confirmation Email Sent:	
Added to PC Calendar:	
Checked Out Fob:	