



CONFERENCE ROOMS AT COMCENTER LAKEWOOD RANCH RESERVATION FORM

9040 Town Center Parkway • Bradenton, FL 34202
941.782.1200 • Fax 941.552.5650

Company	_____	Meeting Date (s)	_____
Contact	_____	Start Time	_____
Address	_____	End Time	_____
	_____	Number of People	_____
Phone	_____	Email	_____

Room	Rate	Hours	Total
Florida Room (Accommodates up to 24 people) <i>Includes:</i> 100 inch projected image screen, plasma monitor, electronic white board, LCD projector, DVD player, flexible layout of tables	\$70/hour / \$450/day		
Raphael Board Room (Accommodates 10 people) <i>Includes:</i> plasma monitor, DVD player, video conferencing	\$35/hour / \$210/day		
Conference Room 101 (Accommodates 6 people)	\$35/hour / \$210/day		
Monet or Rockwell Conference Room (Accommodates 4 people)	\$25/hour / \$125/day		
Day Office A B (Accommodates 1-3 people)	\$25/hour / \$125/day		
Administrative Support	\$25/hour		
After Hour Fee (Before 8:30 am and After 5:00 pm)	\$25/hour in addition to room rate		
Catering Instructions (includes 15% service fee if ComCenter arranges)			
Total			

Internet and phone are in all conference rooms.

All reservations and cancellations must be in writing and faxed to ComCenter Lakewood Ranch. Meetings cancelled with less than 24 hr. notice are subject to a service fee which is equal to 50% of your event fees. Any merchandise, equipment or articles used for your event must be removed immediately following your event. ComCenter Lakewood Ranch is not liable for any losses or damages to personal property or personal injuries suffered by the client, customers, invitees, or visitors unless that damager is caused by ComCenter Lakewood Ranch or its employees' own negligence. Any charges incurred on the day of the event in excess of those itemized on this sheet will be added to your final invoice. Applicable sales tax will be added to your final invoice.

Please provide the following Credit Card information:

Card #: _____ Expiration Date: _____
 Circle one: Master Card Visa American Express (There is additional 3% fee for all credit card charges)

Billing Name/Company on card: _____

Billing address: _____

Signature: _____

TO CONFIRM YOUR RESERVATION PLEASE FAX TO THE FOLLOWING NUMBER: Fax: 941.552.5650