

CONFERENCE AND MEETING ROOM CONTRACT

PROFESSIONAL & COMMUNITY EDUCATION CENTER AT HOLY CROSS HOSPITAL

1500 Forest Glen Road, Silver Spring, Maryland 20910 | Telephone: 301-754-7920 | Fax: 301-754-7228

E-Mail: hallm@holycrosshealth.org | Web: www.holycrosshealth.org

Date(s) of Function: _____ Event Name: _____

Time of Function _____ a.m./p.m. to _____ a.m./p.m. Approximate Time of Setup: _____

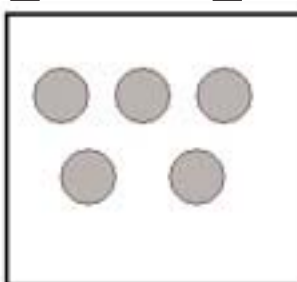
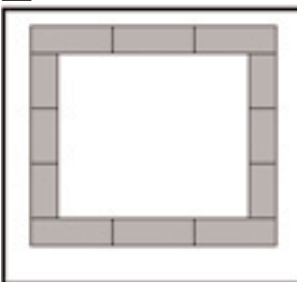
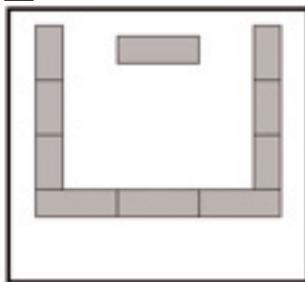
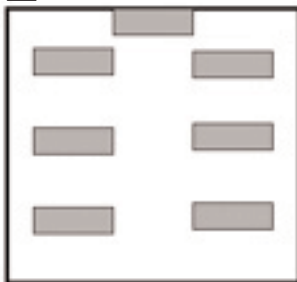
Group/Entity Name : _____ Primary Contact Name: _____

Mailing Address: _____

Telephone Number(s): _____ Fax: _____

ROOM SETUP: Total Number of Participants: _____ (Count must be confirmed 48 Hours before function)

Classroom Horseshoe Conference Rounds Theater (chairs only)



AUDIO/VISUALS & EQUIPMENT

___ LCD projector

___ Laptop computer

___ DVD player

___ CD player

___ VHS player

___ Overhead projector

___ Laser pointer

___ Podium

___ Internet access

___ Audio conference

___ Audio/Video conference

___ White board

___ Flip chart(s)

___ White board

___ Easel(s)

___ TV/VCR (portable)

___ TV/DVD (portable)

___ Video camera

___ Assisted listening devices

___ Extension Cord

___ Power strip



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* Note: With the exception of audio and video conferencing, use of an A/V technician, and videotaping of the event, use of audiovisual equipment is included in the cost of the room(s).

ROOM & EQUIPMENT RESERVATION RATES

Rooms EDU 1, EDU 2, AUD C, and AUD D	\$150/ 3-hour period. \$35 for each additional hour
Rooms EDU 3, EDU 4, AUD A, and AUD B	\$350/ 3-hour period. \$50 for each additional hour
All Rooms and Concourse	\$3,400/ 8-hour period.
Pre-paid Parking for Participants	\$1 - \$6/ per vehicle.
Audio & Video Teleconferencing	\$100/ hour
Audio Visual Technician	\$95/ hour
Video Taping of Event	\$100/ hour
Deposit (refundable)	\$500
Non-Profit Group Discount (must be approved by Senior Vice president)	\$100
Event Cancellation Charge (less than 24 hours prior to event)	\$150

REQUIREMENTS TO HOLD ROOM - Your room reservation is confirmed upon the signed Contract Agreement (see below), the total room and equipment rental charges, and applicable Maryland State and Montgomery County taxes.

SECURITY DEPOSIT -- A \$500 deposit may be required. If the room or equipment has not been damaged, the full deposit will be refunded. If the room or equipment requires repair due to negligence on behalf of the rental party, a portion or all of the deposit will be retained by Holy Cross Hospital for such work. The party and/or authorized representatives will be responsible for any damages done to the facility during the period of rental, including outside vendors, contractors, and attendees.

CANCELLATION POLICY -- Notice of cancellation must be given at least 24 hours in advance. Failure to do so will result in a \$150 charge to the rental party. Please note that this charge only represents the use of the facility, and does not include catering services performed by Holy Cross Hospital or an outside vendor.

Final Settlement - A final statement of charges, less payments received, will be sent to you within seven days of the event. Final payment shall be due no later than 30 days from statement date.

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POLICIES GUIDING THE USE OF FACILITIES

- Compliance with Laws, Policies and Procedures -- Groups and individuals who use the meeting rooms are guests of the hospital, and use of the space should reflect that understanding. You agree to comply with all applicable qualifications, rules, policies and procedures of the Hospital, as determined by Holy Cross Hospital, and all federal and state laws and standard, including the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
- Assigned Rooms -- Groups will be confined to only those rooms approved for their use.
- No Smoking Policy -- Smoking is not allowed anywhere on the hospital grounds.
- Room Setup -- Authorization for meeting room use is limited to the furniture, setup and equipment assigned to that specific room.
- Onsite Representative -- An authorized representative of the group reserving the meeting room must remain on the premises throughout the period for which it is reserved.
- Setup Time -- Groups will have 30-minutes of setup and teardown time, unless authorization is given for additional time, based on room availability.
- Decorations and Signage -- No signs, posters, or decorations of any kind are to be used in the room, unless approved by the center's management. No adhesive tape of any kind can be used on the meeting room walls and/or furniture. In the event that proper authorization is not received and damage results, the cost of repair and/or replacement will be billed to you.
- Alcoholic Beverages -- The serving of alcoholic beverages, if approved, must be supervised and served by an approved, licensed cater.
- Personal Property - Holy Cross Hospital will not assume responsibility or liability for personal property and equipment brought onto or left on the property.
- Protected Health Information -- The use of protected health information materials that concerns patient confidentiality must be removed from the facility at time of the group's departure.
- Outside Access -- Exterior access to the professional and community education center is via the hospital main entrance.
- Insurance - Both parties shall obtain and maintain in amounts sufficient to provide coverage for any liabilities that may reasonably arise out of or result from the respective obligation under this Agreement. Both parties shall provide the other of evidence of insurance upon request.
- Indemnification - Each party agrees to indemnify, defend and hold the other party and that party's officers, directors, employees and agents harmless from any loss, liability, damages, fines or costs (including reasonable attorney fees) arising from actual or threatened claims or causes of action from the negligent or intentional act or omission of that respective party and/or its officers, directors, employees and agents.
- Force Majeure - The performance of this agreement by Holy Cross Hospital and the rental group/individual is subject to the acts of God, government authority, disaster, flooding, act of terrorism, labor disputes, or any other act outside the control of Holy Cross Hospital and the signed parties.

CONTRACT AGREEMENT

Signing this contract agreement constitutes approval and acceptance of all details stated herein. This agreement must be signed and returned to Holy Cross Hospital before the room and/or equipment is confirmed for use by the rental party. This agreement will be valid and binding upon acceptance and execution by representatives of Holy Cross Hospital of Silver Spring. This Agreement shall be interpreted and governed pursuant to the laws of the State of Maryland. This Agreement constitutes the entire agreement and understanding between the parties with respect to the subject matter of this Agreement, and supersedes all prior and contemporaneous agreements and understanding between the parties related to this Agreement. This Agreement may only be amended in a writing duly executed and signed by both parties.

APPROVED / ACCEPTED BY

Print name of Responsible Party

Signature

Date

PAYMENT

Method of Payment: Cash Check (\$25 return check fee) Credit Card

Credit Card # _____ Expiration Date: _____

Name of Authorized User : _____

Amount Paid \$ _____

Balance Due: \$ _____