

**Akwesasne Economic Development Agency**

P.O. Box 1634, Cornwall, ON K6H 0G5
Tel: (613) 932-2923 Fax: (613) 932-8460

APPLICATION/CONTRACT

For Rental

Organization: _____

Contact Person: _____ For-profit: Y or N

Phone: (Home) _____ (Business) _____ (Fax) _____

Address: _____ Postal Code: _____

Email Address: _____

Date(s) of required: _____ Time(s) required: _____

Number of Hours: _____ Hours _____ Number of People: _____

Equipment Requirements	Room(s) Required
☐ Tables # _____ ☐ Chairs# _____	Board Room (\$25/hr) Specify setting _____
☐ TV/VCR	☐ Boardroom holds 15 – 20 people _____
☐ Laptop/Projection Screen	☐ Classroom holds 20 people _____
☐ Flip Chart/ Projection Screen	☐ Lecture holds 45 people _____
☐ Photocopier (Fee .15 per copy)	☐ Computer Stations (\$50/ hr) Holds: 16 _____
☐ Fax Machine	people _____
From \$0.10 per copy	☐ Board Room Rental <u>\$200 per day</u>
Long distance – add \$.0.15 per page in Canada	<u>\$25.00 per hour</u>
Long distance – add \$.0.25 per page to U.S.	☐ Computer Room Rental <u>\$250 per day</u>
(Only for instructors)	AMOUNT DUE \$ _____

AEDA Representative _____ Date: _____

CLIENT Signature _____ Date: _____

FOR OFFICE USE ONLY	
FEE CHARGE	
Boardroom rental	\$ INVOICE #:
Computer Stations	\$ _____ Date of INVOICE:
TOTAL: \$	
Paid in Full by:	Cheque# _____ Cash _____ Receipt# _____
Received By:	_____ Date: _____