

NORTH 180 LASALLE

Conference Center Reservation Form

Tenant Information	
Company Name:	Suite Number:
Contact Name:	Contact Phone:
Contact Email:	Contact Fax:

Meeting Information		
Meeting Date(s):	Number of attendees:	
Please choose from the following reservation times:		
<input type="radio"/> Morning (8AM-12PM) \$150	<input type="radio"/> Afternoon (1PM-5PM) \$150	<input type="radio"/> Full Day (8AM-5PM) \$200
Please choose a seating style:		
<input type="radio"/> Theater style (no tables)	<input type="radio"/> Boardroom style (tables)	<input type="radio"/> U Shaped (tables)
Please indicate services needed:		
<input type="radio"/> LCD Projector	<input type="radio"/> Speaker (Polycom) Phone	<input type="radio"/> Internet Access

Catering Information
The Office of the Building Concierge is happy to handle food and beverage arrangements for your meeting! Please contact Rachel Lockett at ljconciierge@corporateconciierge.com for more information. You are welcome to coordinate your own catering arrangements, as well.

Additional Requests/Information

I understand that I am liable for any damages incurred to the conference center space and/ or equipment during my reservation.

Signed: _____ Date: _____

Please submit completed form to Rachel Lockett ljconciierge@corporateconciierge.com