



VMASC ROOM RESERVATION PAYMENT FORM

Upon confirmation of your room reservation, please complete and submit this form.

Contact Person: _____ Phone: _____

Email Address: _____ Fax: _____

Name of Event: _____

Event Date _____ Event Time: _____

Fees: (check all that apply)		Fee	# Days	Total
_____	Operations & Analysis Lab 0-4 hours	\$150.00	_____	_____
_____	Operations & Analysis Lab 4-8 hours	\$300.00	_____	_____
_____	Operations & Analysis Lab Wall Projectors	\$100.00/hr	_____Hrs.	_____
_____	Mediated Conference Room 0-4 hours	\$100.00	_____	_____
_____	Mediated Conference Room 4-8 hours	\$200.00	_____	_____
_____	Early Opening/Closing Fee	\$25.00	_____	_____
_____	Additional Technical Service Support	\$75.00	_____	_____

Total Amount Due: \$ _____

Method of payment:

- _____ Check
- _____ Purchase Order
- _____ Visa/Master Card

For Visa or Master Card payments please complete:

Card Holder Name: _____

Credit Card Number: _____

Expiration: ____/____

Signature _____

Please make checks and purchase orders payable to VMASC and mail with this form to:

VMASC
Room Scheduling
1 Old Dominion University
Norfolk, VA 23529

Please fax completed form to VMASC at: 757-686-6214