

HARRELL MEDICAL EDUCATION BUILDING RENTAL AGREEMENT

NAME OF PROPOSED ACTIVITY: _____

SPONSORING DEPARTMENT / COLLEGE: _____

INITIATOR / EVENT FACILITATOR: _____

INITIATOR / EVENT FACILITATOR E-MAIL: _____

TELEPHONE: _____

RENTAL RATES

HMEB Rental Cost	Student Groups	UF COM Groups	UF Groups
Scott Commons	\$300	\$500	\$900
North Learning Studio (HMEB 125)	\$240	\$420	\$660
South Learning Studio (HMEB 135)	\$240	\$420	\$660
Dean's Conference Room (HMEB 128)	\$60	\$180	\$300
Tower Conference Room (HMEB 460)	\$60	\$180	\$300
HMEB 240/250	\$120	\$300	\$540

*** Cancellations must be made in writing at least 10 business days prior to the event start. **See HMEB Rental Policy.**
 *** Any weekday evening event involving food and ANY/ALL weekend events will require you as renter to arrange Custodial Coverage. **See HMEB Rental Policy.**
 *** Any furniture moves must be coordinated/arranged through Facility Services. **See HMEB Rental Policy.**

The undersigned has read and agrees to the Harrell Medical Education Building Rental Policy. Undersigned is aware that an invoice will be received in the amount of: \$ _____ for reservation and use of:

Room	Date	Setup Begin Time	Event Begin Time	End Time (including cleanup)	Rental Fee	Notes

Financially Responsible Party: _____ Email: _____

Signature: _____ Date: _____

HMEB Representative: _____ Date: _____