



THE BAR ASSOCIATION OF
SAN FRANCISCO

CONFERENCE ROOM RENTAL AGREEMENT

YOU MUST FIRST CALL 415.782.9000 x 8787 TO CHECK AVAILABILITY

1. Name: _____ BASF #: _____

Firm: _____

Telephone: _____ Fax: _____ Email: _____

2. I am reserving the room(s) for _____ from ____ am/pm. to ____ am/pm.
Date(s)

3. Rooms are generally only available weekdays from 9:00 a.m. – 5:00 p.m. Special arrangements must be made for after-hours meetings, and there is an additional staffing charge of \$30 per hour regardless of room size.

4. Room size/Rate: **(20% Discount for four hours or more)**

- | | | |
|--|--|---|
| <input type="checkbox"/> Seats 6: | <input type="checkbox"/> BASF Member rate \$30/ hour | <input type="checkbox"/> Non-member rate \$45/hour |
| <input type="checkbox"/> Seats 10: | <input type="checkbox"/> BASF Member rate \$40/ hour | <input type="checkbox"/> Non-member rate \$55/ hour |
| <input type="checkbox"/> Seats 14: | <input type="checkbox"/> BASF Member rate \$45/ hour | <input type="checkbox"/> Non-member rate \$60/ hour |
| <input type="checkbox"/> Seats 26: | <input type="checkbox"/> BASF Member rate \$60/hour | <input type="checkbox"/> Non-member rate \$75/hour |
| <input type="checkbox"/> Caucus room | <input type="checkbox"/> BASF Member rate \$25/hour | <input type="checkbox"/> Non-member rate \$30/hour |
| <input type="checkbox"/> After-hours charge \$30/hour | | |

5 Visa or MasterCard or American Express

Card Number: _____ Expiration Date: _____

Name on card: _____ Security Code: _____

Estimated Amount: _____ (will be charged on day of use)

6. **Cancellations:** Less than 48 hours, a 2-hour charge will be applied; less than 24 hours notice, a 4-hour charge, or the full fee, whichever is less, will be applied. The same applies to after hour staffing charges.

7 Date: _____ Signature: _____

BASF/ADR Services, 301 Battery Street, 3rd Floor, San Francisco, CA 94111
(415) 782-9000, x 8787 ADR@sfbar.org Fax (415) 989-0381 www.sfbar.org

OFFICE USE ONLY

Accounting: #10-4650-12

Date: _____

Room(s): _____

Time in: _____

Time out: _____

Total hours: _____

Amount: _____

Staff: _____