



The Greater Dade City Chamber of Commerce

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CONFERENCE ROOM RESERVATION – RENTAL

MEMBER RATES - \$30.00 PER HOUR
NON MEMBER RATES - \$45.00 PER HOUR
COPIES – 10¢ PER COPY
PLUS TAX

Company: _____

Name: _____ Email: _____

Address: _____

Phone Number: _____ Fax: _____

Date Reserved: _____ Time: _____ to _____

Attorney: _____

Agreement: *The conference room is available Monday-Friday 8am-5pm (except Municipal Holidays). Keys will not be issued, and the facility cannot be occupied prior to 8am and must be vacated by 5pm.*

We the undersigned agree to leave the facility in condition as found.

1 hour minimum, and No-Show or Cancellations under 24hrs will be charged rate of one hour.

Signature: _____

Date: _____

Name-Printed on Credit Card _____

Credit Card Number _____ Exp Date _____

3 digit code (4 digits for American Express) _____

Billing Address _____

City, State, Zip _____

Date _____

Signature: _____

Time In: _____

Time Out: _____

Copies/Coffee/Water/Soda: _____