



The Greater Dade City Chamber of Commerce

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CONFERENCE ROOM RESERVATION – RENTAL

MEMBER RATES - \$20.00 PER HOUR
NON MEMBER RATES - \$35.00 PER HOUR
COPIES – 10¢ PER COPY
PLUS TAX

Company: _____

Name: _____

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. 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 _____

Billing Address _____

City, State, Zip _____

Date Used: _____

Signature: _____

Time In: _____

Date: _____

Time Out: _____

Misc : Coffee: \$5.00 Pot / \$1.00 cup

Copies: _____

Water & Soda: \$1.00 Each