

**North Central Ohio Educational Service Center
Tiffin Facility
Rental Agreement for Use of Agency Buildings and Facilities**

Requester Information:

Today's Date: _____

Tiffin Facility room requested _____

Requested Date _____

Number of participants _____

Start Time _____ End Time _____

(note: we ask that all programs be completed by 9:00PM)

Renter (Individual, Group or Organization) _____

Name of Responsible Individual _____

Street Address: _____ Phone _____

E-mail Address _____ Fax _____

Technology Equipment Needed: (please check)

Computer Internet Access VCR DVD Player

Sound System LCD Projector Projection Screen Videoconferencing

Other: (please list) _____

I will be bringing my own computer

Contact information for person responsible for operation of technology equipment:

Name _____ Phone _____

E-mail _____

Rental Fee \$ _____ Payable to: North Central Ohio Educational Service Center

Room Information:

The conference rooms tables that can be arranged to suit the needs of your presentation. Room arrangement is the responsibility of the organization renting the facility and we request that the room be returned to its original configuration at the end of your program.

Refreshments may be brought into the facility. We ask that you be responsible for any clean up from food, drink, etc. Smoking and alcohol are not permitted on or in the facility at any time.

Please return completed form and your rental fee payment to:

Stephanie Brown

NCOESC

928 West Market Street

Tiffin, OH 44883

sbrown@ncoesc.org

419-447-2927