

Atlantic College of Therapeutic Massage

Room Rental Application

(Please type or print clearly)

Company Name: _____

Name of Course or Program: _____

Intended Use of Room: _____

Contact Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Facsimile: _____ Email: _____

	<u>Classroom</u>	<u>Room Size</u>	<u>Rental Fee</u>	<u>Set-Up</u>
<input type="checkbox"/> Room A	Capacity 32	818 sq. feet	\$100/day	\$25/visit
<input type="checkbox"/> Room B	Capacity 24	562 sq. feet	\$75/day	\$25/visit

Provided with Rental Fee:

- Stationary Massage Tables
- Whiteboard
- Projector Screen
- Skeletons
- TV/VCR/DVD
- Bathrooms
- Kitchen (fridge and microwaves)
- Wireless Internet

Date(s) of Course: _____ (\$100 or \$75/day) = _____

Set-Up (\$25/visit) (no Set-up costs for classroom setting) = _____

Instructions of Set-Up: _____

Equipment Use (cost per visit)

Use of Overhead Projector \$20.00 = _____

Use of LCD Projector/Laptop \$50.00 = _____

Use of linens \$40.00 = _____

Use of Hydrocollator \$20.00 = _____

Use of Photocopier (10¢ per page) x _____ (# of pages) = _____

HST(13%) = _____

Total = _____

\$100.00 Security/Damage Deposit = \$100.00

Please note:

13% HST will be charged to all room rental, equipment use and set-up rates. Rental fees are charged on a daily basis. Set-up fees are charged once per visit. A programmed number will be placed on the photocopier for the exact amount of copies paid for on this application.

Security/Damage Deposit: A \$100.00 security/damage deposit is required when booking. It is refundable when areas are left clean/undamaged.

Fees must be paid with your Room Rental Application and is non refundable within 10 days of event. Deposits will be returned once course is completed. You will receive a receipt for all fees.

Signature: _____ Date: _____

440 King Street (Kings Place)

Fredericton, N.B. E3B 5H8

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