



The Dr. Samuel D. Harris
NATIONAL MUSEUM of DENTISTRY

**UNIVERSITY OF MARYLAND
 NATIONAL MUSEUM OF DENTISTRY
 31 S. GREENE STREET
 BALTIMORE, MD 21201**

EVENT DATE: _____

AGREEMENT FOR RENTAL FOR PRESIDENT'S HALL

This Agreement is made on _____ by and between the University of Maryland (UM) and:

_____ <i>Name of organization, corporation, individual or group</i>	_____ <i>Contact Name</i>
_____ <i>Street Address Mailing Address - include suite or room # when applicable</i>	_____ <i>Contact Email</i>
_____ <i>City, State, Zip</i>	_____ <i>Phone (office)</i>
_____ <i>Other info</i>	_____ <i>Phone (other)</i>

EVENT INFORMATION: Reservation provides one hour before event begins for set-up and one hour after event ends for clean-up. Caterer MUST remove trash at the end of the event. **If the trash is not removed from the museum at the end of your event, you will be charged a \$75 clean-up fee.** The additional cost for staff and security are billed for the duration of the event, AND the additional hour for set-up AND the additional hour for clean-up for all time outside of normal lobby hours. *(Normal lobby hours are Mon-Fri 8:00 a.m.-4:00 p.m.; holidays or liberal leave days EXCLUDED.)* **There will be a 25% surcharge added to the rental fee for any requests submitted less than 30 days in advance.**

Event Date _____ Actual Event Time:- BEGINS: _____ ENDS: _____
 Staff and Guard Time:- BEGINS: _____ ENDS: _____ TOTAL BILLABLE HOURS: _____

Additional Costs: Security Guard (\$28/hr) _____ Staff (\$18/hr) _____ = SUBTOTAL: _____

Type of Event: Reception Dinner/Dinner Dance Luncheon Other: _____

Museum Open: Yes No Museum Fee: _____ Atrium Rental Fee: _____ = SUBTOTAL: _____

ESTIMATED TOTAL (Museum fee, Atrium rental + add'l costs) = _____

Number of Guests: _____ (Capacity Limit: 150 standing; 100 seated)

Caterer: _____ Caterer Contact Name: _____

Caterer Phone: _____ Caterer Email: _____

Comments: _____ The Smithsonian Institution name and logo cannot be used in any advertisements and/or announcements related to your event. Please be aware that failure to abide by this policy could void your rental agreement for President's Hall/The Dr. Samuel D. Harris National Museum of Dentistry.

TABLES, CHAIRS, TABLECLOTHS, AND/OR AUDIO/VISUAL EQUIPMENT ARE NOT PROVIDED BY PRESIDENT'S HALL OR INCLUDED IN THE RENTAL COST. ALL TRASH MUST BE REMOVED AT THE END OF YOUR EVENT.

FINAL TOTAL DUE: _____

Acct	PCBU	Project ID	Fund	Department	Reference

PAYMENT: JV Chartstring # _____

Check check # _____

Credit Card # _____ Exp. Date: _____

Choose One: Visa MasterCard American Express CVV Security Code: _____

Signatures:

ORGANIZATION/INDIVIDUAL:

UNIVERSITY: NATIONAL MUSEUM OF DENTISTRY

Authorized Person (Please Print)

Authorized University of Maryland Representative

Signature

Signature

Date

Date