## **3131 TURTLE CREEK**

## **Conference Room Reservation Form**

Please submit this form to the Management Office via e-mail to: rcloud@lpc.com	
\$40 2 hours (minimum)	
\$75 Half Day (up to 4 hours)	
\$150 Full Day (up to 8 hours)	
Reservation Date:	Reservation Time:
<ul> <li>All fees associated with this Conference monthly lease statement.</li> <li>The Tenant reserving the room will be so restoring any loss, damages and/or thef Further, your company will be solely res</li> </ul>	prior to the scheduled reservation date to avoid charges. Room Reservation will be billed to the Tenant's next olely responsible for the cost of repairing and/or swith respects to the use of the Conference Room. Sponsible for the cost of any extraordinary om the use of this Conference Room Reservation.
Company Name:	Suite #:
Contact Name:	Contact Phone: