### UNIVERSITY SYSTEM OF MARYLAND AT SOUTHERN MARYLAND

# TRAINING/CONFERENCE FACILITIES USE AGREEMENT SCHEDULE A – FEES

Organization Name:			
Contract Signatory:	Program Organizing Contact :		
E-Mail Address:			
Phone No:	Phone No:		
Program Information			
Date(s): Set-up Time:	Program Time: to		
Program Name for signage:	•		
No. of attendees:			
Payee Contact Information (Person responsible for receiving invoice and making pay	rment)		
Name:	TO BE COMPLETED BY USMSM REPRESENTATIVE:		
Phone No:	Estimated Program Total:(includes Room, Equipment & Additional Services and Catering		
Email Address:	fees (if applicable).		
Room Fees (A full day consists of no more than 9 hours – a half day consists of 5 hours	rs or less) Full Day Half Day		
Center Hall (All three sections) (Capacity: 172 Classroom / 244 Banquet / 4Center Hall (An Individual Section) (Capacity: 48 Classroom / 84 Banquet / 4Center Hall Gallery (Can only be rented in conjunction with Center Hall) Lecture Room 135 Building II (Capacity: 42 Classroom / 64 Banquet / 80 ThClassrooms (Capacity: 12 – 24 plus instructor) – No. of Rooms Needed Computer Lab (Capacity: 24 plus instructor) (Technology Service fee requirNorth Corridor, South Corridor, OR Rotunda (Each rented separately) – NoStudent Lounge (Can only be rented in conjunction with Center Hall)	420 Theatre) (All configurations w/o stage)       \$730       \$510         100 Theatre) – No. of Sections       \$350       \$240		
Equipment & Additional Services			
	grams)\$75 per hour/1 hour minimum		
<del></del>	\$300 per day		
	ers are Customer Responsibility) – <b>No. of Days</b>		
-	\$50 per day		
·			
	\$40 per hour/3 hour minimum		
LIHERS - NO. OI LITERS	\$5 per tablecloth		

Special Instructions/Notes:

#### UNIVERSITY SYSTEM OF MARYLAND AT SOUTHERN MARYLAND

## TRAINING/CONFERENCE FACILITIES USE AGREEMENT SCHEDULE B – POLICIES

The University System of Maryland at Southern Maryland, hereafter called USMSM, is operated in order to accommodate the need for classes held by various University Partners. Center Hall, multi-purpose room, lecture room, classrooms, computer labs and open spaces may be used by other organizations. Facility use is on an asavailable basis and with the authorization of the Executive Director. The USMSM Training and Conference Facilities is self-supporting and will charge applicable fees for the facilities and services it provides. You and your organization (hereafter called the Client) agree to adhere and abide by the following policies:

ROOM SETUP: If Client requires a special setup of tables, the information must be provided to USMSM no later than the Wednesday of the previous week of the planned program. Each room contains a computer, projector & screen, white board & supplies. Podiums (tabletop or lectern) available upon request. Sound equipment and microphone(s) available for use in Center Hall only. NOTE: USMSM will make its best effort to accommodate last-minute changes made after the deadline noted above; however, USMSM may not be able to accommodate all or even any changes after the deadline. This includes technology and space/configuration changes, as well as beverage service. Thank you for your understanding.

**SPACE REQUIREMENTS:** USMSM retains the right to alter room assignments within reason and with advance notice to Client at least 48 hours prior to planned program if possible.

<u>COMPUTER FACILITIES:</u> Computer training software materials must be supplied, ready for installation, at least five (5) working days in advance of Client's reservation. Software will be installed by our computer technician at the rate listed on Schedule A - Fees. <u>ABSOLUTELY NO FOOD or BEVERAGES ARE PERMITTED IN THE COMPUTER LABS. NO EXCEPTIONS.</u>

**CONFERENCE/TRAINING MATERIALS:** Upon notification, USMSM will accept and store a limited number of boxes and materials which are delivered prior to Client's reservation. All boxes and materials must be removed at the end of planned program.

<u>CATERING:</u> Client may authorize USMSM to arrange for food to be provided at the planned program. Alternatively, Client may make arrangements with a USMSM-approved caterer. The caterer must provide USMSM a copy of its Department of Health & Mental Hygiene license and an insurance certificate naming USMSM as an insured in the amount of \$1,000,000 seven (7) calendar days prior to the planned program. Client is responsible for supervising clean up by the caterer and making payment directly to the selected caterer for services rendered. USMSM accepts no liability for food services arranged by Client. Completion of Schedule C -Catering Agreement is required.

ALCOHOLIC BEVERAGES: Alcoholic beverages cannot be brought into USMSM without Client or the Client's catering company having a TAMS/TIPS certified bartender providing service during the event. A copy of the certification shall be provided to USMSM prior to the reservation date and security personnel will be required to be present during Client's program for an additional fee as outlined in Schedule A - Fees. Client is responsible for providing a check to USMSM made payable directly to the security personnel, the name of which USMSM will provide to Client in a timely manner. This check must be delivered to USMSM prior to the event date to be distributed to the security personnel upon arrival at the event to insure there are no issues with Client's program occurring as planned.

**SMOKING:** USMSM is a non-smoking facility.

<u>DAMAGES:</u> Client will take full responsibility for any damages that may occur to the facility, equipment or furniture while using USMSM and will incur the cost of any necessary repairs or replacement.

<u>LIABILITY:</u> USMSM is not liable for any fees or expenses incurred by Client (or Client's trainers and/or attendees) in the event a training program or conference is not held or completed due to acts of nature (i.e.: snow storm, lightning strikes, etc.).

In the conduct of any guests Client may invite to use the facility. Client hereby agrees to indemnify and hold harmless USMSM for damages to the facility or any part of the premises of USMSM as well as any and all claims for personal injury by any person or persons arising out of, occasioned by, or in any way connected with Client's use of the facility or caused by Client's use of USMSM, other than damages arising from the negligence or gross misconduct of USMSM. Client understands and expressly agrees that Client shall be responsible and liable for the indemnification specified herein in addition to the use fee.

**PROMOTIONS:** Program promotion requires Client to refer to the facility as "University System of Maryland at Southern Maryland". Any printed materials regarding USMSM's mission or programs must be approved by the Executive Director prior to publication.

**PRICING:** Facility prices are as stated in the "Training/Facilities Use Agreement, Schedule A - Fees".

I, as an authorized representative of my organization, understand and agree to adhere to USMSM's policies as stated above.

**CONTRACT**: The complete and signed agreement which consists of Schedules A - Fees, Schedule B - Policies, and Schedule C - Catering Agreement must be received by USMSM three (3) weeks prior to the start date of your program. USMSM retains the right to cancel the reservation and this agreement if the contract has not been received within this period.

<u>CANCELLATION</u>: USMSM makes considerable effort to properly schedule personnel, rooms and equipment to best service Client's planned program. Any cancellations must be communicated in writing to USMSM no later than ten (10) working days of the program start date. Faxed cancellations are accepted at (301) 737-2542. Cancellations made within ten (10) working days of the program start date will result in a cancellation charge to Client equivalent to one (1) day's room use as reserved and any food costs that may have already been incurred if catering arrangement services were authorized.

<u>PAYMENT</u>: Invoices will be mailed after the program end date or at agreed upon intervals for long-term programs. Payment terms are "net thirty" (30). USMSM can accept payment by VISA, MasterCard, American Express, or check. Checks should be made payable and sent to: University of Maryland, 44219 Airport Road California, MD 20619.

Signatory's Signature & Date	USMSM Authorized Representative's Signature & Date

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### UNIVERSITY SYSTEM OF MARYLAND AT SOUTHERN MARYLAND

### TRAINING/CONFERENCE FACILITIES USE AGREEMENT

### SCHEDULE C - CATERING ARRANGEMENT SERVICES AGREEMENT

Option A – No catering will be provid	ed during program or Client v	vill directly provide catering (does not incl	ude using an outside caterer – see Option B).
Option B – Client elects to make thei of their business licenses with USMSM.	r own arrangements with a ca	terer/food service provider approved by U	ISMSM who has filed, or is willing to file, copies
Client has selected of Client, hereby elect to make our own arrange ensuring that the appropriate business licenses serving utensils, linens, eating utensils, plates, payment directly to the selected caterer or food selected caterer.	ments for food to be provided are on file before our progran cups, etc. to be provided by	d at our planned program. I have indicate n date. I understand that our responsibiliti Client or our selected caterer/food servi	es include: arranging for all serving equipment, ce provider; supervising clean up; and making
Signatory's Signature & Date (only complete if Option B chosen)			
Option C - Client authorizes USMSI anticipated, an additional administrative fee of 60	If to arrange for beverage se will be added to the total co	ervices from the following list of menu chest of catering.	oices. For programs with over 30 participants
	USMSM BE	EVERAGE CHOICES	
	Morning Beverage Choices (A	vailable between the hours of 7am-11am)	
The Eye Opener (6 person minimum) (includes coff-			
The Morning Trio (6 person minimum) (Includes cof	fee, tea & water)		\$3.00 per person*
Coffee Break (Includes coffee & water)		Available between the hours of 1pm-4pm)	\$2.50 per person*
		account for refills to be consumed by	
Morning: Date(s)	Time Serve	ed	No. of Beverages
Menu Choice	The Eye Opener	The Morning Trio	Cost per person
Afternoon: Date(s)	Time Serv	ed	No. of Beverages
I, as an authorized representative of my organiz Client agrees to all prices and minimums as indic		SM to make the necessary arrangements	to provide beverages at our planned program.
Signatory's Signature & Date (only complete if Option C chosen)			