NIRA REALTOR® & Affiliate Member Classroom Lease Application Form

800 East 86th Avenue, Merrillville, IN 46410
Telephone 219-795-3600 ♦ Fax 219-795-3611
Contact: Director of Communications & Professional Development Sara Perazzolo ♦ email: sara@nira.realtor

□ NIRA REALTOR® Firm □ NIRA Affiliate Member

Firm Name: _____

Firm Address: _____

City/State/Zip: _____

Contact Person: _____

Contact's Work Telephone: _____ Cell or Alternate #: _____

Contact's email address: _____

Classroom Use
- **Seats 55 people**
- **projection screen, projector, and wireless access**

Cost: Twenty-five dollars ($25.00) an hour minimum of 2 hours of use

Name of Lessee: _____ **Purpose of Use:** _____

Estimated Number of Attendees: _____ Will there be a charge to your attendees? YES **or** NO? _____

Possible Date(s) Requested: _____ _____ _____ _____

Time Frame Requested: **(2-hour minimum)** _____ **AM/PM TO** _____ **AM/PM** **(circle AM or PM for times requested)**

Is food being delivered for this event? YES **or** NO_____ (If yes, refer to Leasing Policy - Section 6 Items A. and B.)

Beverage Service Requested? YES **or** NO ☐ Yes ☐ No (If no, refer to Leasing Policy - Section 6 Item D.)

Beverages	Cost	Quantity	Total Amount
1 Regular Coffee Carafe (Serves 5)	$5.00 each		
1 Decaf Coffee Carafe (Serves 5)	$5.00 each		

TOTAL ALL CHARGES: $_____

I, as Lessee, agree that the above statements are true and I agree that I have read, understood and will honor the attached Classroom Leasing Policy of the Northwest Indiana REALTORS® Association, which is a part of this application. In addition, by signing this agreement I agree the event being held at NIRA's facility is not in conjunction with NIRA and any communications advertising the event will contain the following disclaimer:

"This event is sponsored by _____. The use of the Northwest Indiana REALTORS® Association conference room for this event does not constitute an endorsement by the Association."
**If found in violation and not updated within reasonable time after being notified, NIRA has the right to cancel the reservation.*

Accepted by: _____ / _____ / _____

Print Name of Lessee **Signature** **Date**