



Armstrongs' Counselling Services
Donna & Murray Armstrong

Address: 10027 - 166 Street, Edmonton, Alberta T5P 4Y1
Phone: (780) 444.4399 or 489.6389
Email: dmarm@telusplanet.net
Website: voicedialogueedmonton.com

Rental Rates for Training/Meeting Room

Description of Facility

- 19 x 24 feet accommodates 20 - 25 people
- Firm and comfortable chairs for all day sitting (30 chairs in all)
- 4 tables (2 at 8' x 3' and 2 at 4' x 2') with matching linen drapes
- Includes coffee, tea, hot chocolate
- Fully equipped kitchen, with large fridge, toaster oven, microwave, small dishwasher, dishes, cutlery, glasses, cups and saucers for 30 people, platters, & serving bowls
- Wheelchair accessibility with washroom accommodations on main floor
- 2nd washroom on upper floor if office is not being used
- Teaching aids include:
 - 8' x 4' porcelain white board with whiteboard pens
 - 8' x 4' overhead screen
 - Flip charts with pens and flip chart paper
 - Special adhesive to attach flip chart paper to the walls
- Free and accessible parking (wheelchair accessible)
- Close to many restaurants and motels
- Located on city's bus route

Audio/Visual Equipment Availability and Rates (optional)

Speaker system, with CD, DVD, VHS, & MP3 capability

- Wireless, Internet Service Available
- Projector with CD, Video, DVD capability that projects above the audience
- Overhead projector, with cables & steel table
- Protective floor guard for cables to and from equipment to prevent tripping
- You will need to provide your own laptop, table provided for set-up

If required, will be added to Rental's Total: \$ 50/day (8 am - 11 pm)

Facilities Rental Rates

1. Hourly	(Mon. - Sunday)	\$ 30/hour
2. Daily	(Mon. - Friday, 8:00 am - 6:00 pm)	\$ 150/day
3. Extended Daily	(Mon. - Friday, 8:00 am - 11:00 pm)	\$ 175/day
4. Weekly Evenings	(Mon. - Friday, 7:00 pm - 11:00 pm)	\$ 5/person
5. Weekends	(Sat. & Sun., 8:00 am - 11:00 pm)	\$ 275.00
6. Extended Weekends (Friday evening) & (Sat. & Sun., 8:00 am - 11:00 pm)		\$ 300.00

Responsibilities

- Contact Person for your group will receive a code for the main door and the security system
- Contact person for the group will be legally accountable for their group
- Full payment for the rental due at the time of booking
- Cleaning is defined as: the responsibility of the group to leave the facilities in the same condition in which the facility was found. Garbage bags and cleaning supplies are provided
- If there is damage, it will be the responsibility of the group to pay for repairs, with the owners invoicing the contact person of the group for the repairs

Donna & Murray thank you for your patronage and hope you enjoy our facility as much as we enjoy creating it.



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Rental Contract for Training/Meeting Room

Contact Person: (First Name:) _____ (Last Name:) _____

Phone Number (Home:) _____ (Work:) _____ (Cell:) _____

(E-mail:) _____ (Website:) _____

Mailing Address: _____ Postal Code: _____

Alternate Contact Person: (First Name:) _____ (Last Name:) _____

Phone Number (Home:) _____ (Work:) _____ (Cell:) _____

Facilities Rental Rates:

- | | | |
|---|-------------------------------------|-------------|
| 1. Hourly | (Mon. - Sunday) | \$ 30/hour |
| 2. Daily | (Mon. - Friday, 8:00 am - 6:00 pm) | \$ 150/day |
| 3. Extended Daily | (Mon. - Friday, 8:00 am - 11:00 pm) | \$ 175/day |
| 4. Weekly Evenings | (Mon. - Friday, 7:00 pm - 11:00 pm) | \$ 5/person |
| 5. Weekends | (Sat. & Sun., 8:00 am - 11:00 pm) | \$ 275.00 |
| 6. Extended Weekends (Friday evening) & | (Sat. & Sun., 8:00 am - 11:00 pm) | \$ 300.00 |

Requested Days, Dates, Time:

Days of week wanting to Rent facility: from _____ to _____

Dates wanting to Rent: from _____ to _____

Times required: from _____ to _____

Frequency (weekly, daily, evening) every _____

Calculation of Rental: Rate _____ x number of times needed _____ = _____ **Subtotal**

Visual, Audio, Wireless Internet Equipment Rates:

If required, the fee below will be added to above Rental Rate: \$ 50/day (8 am - 11 pm)

Circle what you require: Projector, VCR, Overhead Projector, DVD, Wireless Internet Service

Days wanting to rent A/V: from _____ to _____

Dates wanting to rent: from _____ to _____

Calculation of A.V. Rental: Rate _____ x No. of times needed _____ = _____ **Subtotal**

Total Payable (at the time of Booking) Cheque # _____ = _____ Total

Contract Agreement

I understand that I will be legally responsible for any damage that occurs while renting this facility.
I agree to keeping the door and security code confidential.

I, (Your Signature:) _____, agree to the conditions of

this rental contract as of: (Month) _____, (Day) _____, (Year) _____.