



LOIS POPE LIFE CENTER ROOM RENTAL POLICY

WWW.THEMIAMIPROJECT.ORG/LPLC-RESERVATIONS

We have several spaces at the Lois Pope LIFE Center (LPLC) which may be reserved by departments within the University of Miami. Reservations are not guaranteed until a confirmation has been sent. Additionally, reservations are made for the current fiscal year only.

To make a room reservation request, please visit www.themiamiproject.org/lplc-reservations. When form is completed, select Submit. You will receive a response within 2 business days letting you know of availability and next steps. If the meeting time is not available, we will reach out and try to arrange alternative options for you. *Please note that all meeting requests will be reviewed on a first-come first-serve basis.* A tentative reservation will be made upon verification of room availability. Room rentals may **not** be made more than four (4) months out of event date.

Meeting requests must not exceed four (4) hours per meeting. Meetings longer than 4 hours require prior approval from Jeanette Bajo, The Miami Project's Center Administrator. **Initials** _____

Room Rental Policy Agreement

Rental policy agreement must be signed and returned via email to lplcreservations@med.miami.edu within 2 business days of receiving **tentative reservation via email**. Reservations will not be confirmed until signed agreement has been received via email. A confirmation of reservation will be emailed to you upon receipt. **Initials** _____

Payment Policy

Departments will receive invoice immediately upon receipt of signed rental policy agreement. An invoice will be sent to requester within 2 business days of signed rental policy agreement. *Signed invoice must be received within 2 days of receipt of invoice.*

If outside company, checks are to be made payable to UofM/The Miami Project to Cure Paralysis and include reference of meeting date and meeting name. Checks should be mailed to Rebecca Avshalom, The Miami Project, 1095 NW 14th Ter (R-48), Miami, FL 33136. We recommend sending via tracking method. **Initials** _____

Room Capacity and Pricing (*subject to change)

- **7th Floor Apex Center Auditorium** (150 person maximum with stadium seating) – **\$150 per hour**
- **7th Floor Breakout Room #1** (15 person maximum with table seating) – **\$100 flat fee**
- **7th Floor Breakout Room #2** (15 person maximum with table seating) – **\$100 flat fee**
- **1st Floor Meeting Space** (20 person maximum with table seating; 50 person maximum with general seating) – **\$150 per hour**

If food or beverages are being served on the 7th Floor, you must also reserve a breakout room as **no food or beverage** is allowed in the 7th Floor Apex Center. **Note breakout rooms may not be reserved as stand-alone meeting space.*

(please see page 2)



Notes

- AV support after hours or weekends require prior approval from Jeanette Bajo, The Miami Project’s Center Administrator.
- Any reconfigurations (removing chairs, tables, etc) of the space must be coordinated with UM Moving as we do not provide moving services. (305) 243-6375 option 4. If the meeting space is rearranged, it must be returned to the original layout. *If not returned to original layout, the department will be charged an additional fee.*
- After hour or weekend events require coordination with the Office of Public Safety. (305) 243-8135. Any event after 5:00pm is considered after hours.
- Events service food and/or beverages require coordination with the Office of Environmental Services to clean the meeting space after use. (305) 243-5504 – Francis Kaniewski. *Should there be any damage, stains, trash, etc., the department will be charged an additional fee.*
- If meeting needs to be cancelled, notification must be sent via email to lplreservations@med.miami.edu no less than 2 business days prior scheduled event to receive refund. *Failure to notify will result in loss of payment.*

For more information, please call (305) 243-6001 or email lplreservations@med.miami.edu

| DEPARTMENT CONTACT INFORMATION | |
|--------------------------------|--|
| DEPARTMENT NAME | |
| CONTACT | |
| EMAIL | |
| PHONE | |
| DEBIT ACCOUNT # | |
| EVENT/MEETING INFORMATION | |
| MEETING NAME | |
| DATE | |
| START TIME | |
| END TIME | |

I have reviewed and accept the rental policy.

Signature: _____

Date _____

Printed Name _____