



Main Office  
2920 Schneider Ave SE  
Menomonie, WI 54751

312 W. Knapp St.  
Rice Lake, WI 54868

**Room Rental Agreement**

This agreement is for the use of CIL's conference/training/meeting room

Name of Organization: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

Date(s) reserved: \_\_\_\_\_  
Time (from-to): \_\_\_\_\_  
Expected Attendance: \_\_\_\_\_ (Maximum persons 100)

Type of activity: \_\_\_\_\_ (ie: meeting, training)

<u>Business</u>	<u>Government (State, County, Local)</u>	<u>Non-Profit</u>
1-4 hours \$40	1-4 hours \$30	1 - 4 hours \$20
Full day (8hrs) \$60	Full day (8hrs) \$45	Full Day (8hrs) \$35

Amenities Included: Overhead Screen, Projector, Conference Phone, Microphone, Laptop,

Extra Logistics includes fees:

Ordering Meals \$10      Kitchen Use \$20      Assistance with setup/cleanup \$20

Special Requests: \_\_\_\_\_

The undersigned agrees to the above and has the authority to sign on behalf of the organization requesting the reservation.

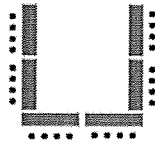
\_\_\_\_\_  
Signature and Printed Name

\_\_\_\_\_  
Date

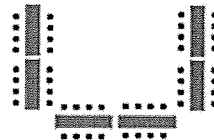
Requests processed on a first come first served basis.  
Fees for non-profits may be waived at CIL's discretion  
Alcohol prohibited at any event taking place on CIL property.

**Choose Room Set Up**

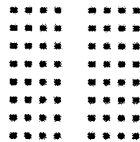
**U-SHAPE  
 OUTSIDE**



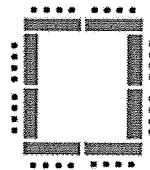
**U-SHAPE  
 OUTSIDE-INSIDE**



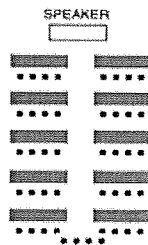
**THEATRE**



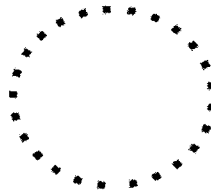
**SQUARE**



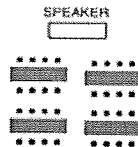
**WORKSHOP**



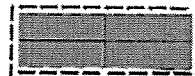
**CIRCLE**



**CLASSROOM**



**TABLES PUSHED  
 TOGETHER**



**NOTE: Only 2-3 chairs per table side.**

Requests are channeled through Diane ([dhelland@cilww.com](mailto:dhelland@cilww.com)) or Linda ([lhollabaugh@cilww.com](mailto:lhollabaugh@cilww.com))  
 Requests are to be approved by Admin  
 Diane/Lin to work with organization after approval on logistics.