



**VIDEO CONFERENCE: IP ONLY
RESERVATION AGREEMENT EMAIL – va@choicebiz.com**

The following information, pricing, terms and conditions are agreed upon by the scheduling party named below.

Scheduling Party:

Company _____
Contact Person _____
Address _____
City/State Zip _____
Fax # _____
Phone _____
E-mail _____

Payment Method:

Name on Card _____
Credit Card
3 Digit VIN# _____
Visa MasterCard AMX
Card Number _____
Billing Address _____
Zip Code _____ Expiration Date _____

CONFERENCE INFORMATION

Date _____
of Participants _____

Time _____
IP #: _____

Initiated by Customer Choice Business Services Bridged _____

Special Requirements: _____

PROJECTED COSTS: Costs are pro-rated based on information provided and are subject to change based on changes made prior to or at time of the conference. After hours rates to be quoted.

Room Rental Rates: \$180.00 per hour **Long Distance Fees:** N/A

Other Fees: _____ **Actual Cost:** \$ _____

Order Taken By: _____ **Signature:** _____

All cancellations must be made 24 hours prior to reservation time. Failure to do so will result in room & Equipment charge.
Term and conditions: 1. Reservation of rented room will not be held until signed reservation form is received. 2. Reservation fees may be applicable at some rented locations. If applicable reservation fee payment must accompany signed reservation form. 3. Room rentals IP fees are based on hourly fees, minimum one hour and billed in half-hour increments thereafter. 4. Room rental will not be reduced by unused time and additional use beyond the scheduled time may be restricted. 5. Cancellation fees – loss of reservation fee if cancelled more than one business day prior to conference; 100% of room rental if cancelled within one business day prior to conference. 6. Payment terms are SAME day only unless scheduling party as an established account. 7. **Choice Business Services** is not responsible for delays, postponements, failure of video conferencing technology or cancellations due to unforeseen circumstances and in no way liable for any loss of use, lost profits, consequential of any other damages. In no event shall any liability exceed the amount of the room rental fee.

SYSTEM INFORMATION

_____/_____
Approval Signature – Fax Back or email (616) 957-3124 Date

IP : 50.77.251.203

Codec: Polycom ViewStation 512