

Meeting Room Request Form

Organization and Meeting Information					
Organization Name:					
Org is a non-profit		Yes		🗌 No	
Primary Contact Name:					
Contact Phone:					
Contact eMail:					
Billing Address:					
Event Name:					
Event Date:		Est. Atte	endance:		
Start Time:		End 7	Гime:		
Room Requested:	Please indicate your selection below. More room info on next page.				
Auditorium (up to 300)		Max Kade S	uite (up to 6	50)	
Damenverein (up to 90)		Max Kade Dire	ectors (up to	o 10)	
Willkie Room (up to 70)					

Room	Standard Rate*	Non-Profit Rate*	Includes
Max Kade Directors	\$50 per hour	\$25 per hour	(1) table (8) chairs
Max Kade Suite	\$100 per hour	\$50 per hour	(2) 8 top tables OR (20) theatre style OR Board seating for 20
Willkie Room	\$100 per hour	\$50 per hour	(3) 8 top tables OR (25) theatre style OR Board seating for 20
Damenverein	\$150 per hour	\$75 per hour	(3) 8 top tables OR (25) theatre style OR Board seating for 20
Auditorium	\$600 a day	\$300 a day	(6) 8 top tables OR (50) theatre style OR Board seating for 20

- Rooms billed at an hourly rate will have a two-hour minimum.
- All room rentals include a lectern and registration table at no additional cost based on availability. Please note if you would like either of these options.
- Additional tables and chairs will be billed at the following rates:
 - \circ \$25 per 8-top table with chairs
 - \$15 per 8-foot rectangular table
 - \$15 per cocktail table
 - \$1.50 per additional chair
- The Damenverein and Max Kade are equipped with pocket doors. Please note if you would like these open or closed for your rental.

Setup Details						
Room:			Est. Attendance:			
Seating Style: Banquet		🗌 Board	Theatre	Other		
Registration Table:	🗌 Yes	🗌 No	Lectern:	🗌 Yes	🗌 No	
Additional Tables & Chairs:						
TV Screen: (\$100 fee)	🗌 Yes	🗌 No	PA System: (\$75 fee)	🗌 Yes	🗌 No	
Additional A/V Needs:						
Bar Service: (\$100 fee)	🗌 Yes	🗌 No	Catering: (Addt'l fees)	🗌 Yes	🗌 No	
Additional F	ood & Beverag	e Needs:				
Additional Needs or Requests:						

Printed Name:	Title:	

Signature:

All Forms Should Be Returned to:

Francie Cohen Athenaeum Foundation 401 E. Michigan St. Indianapolis, IN 46204 317-800-8767 fcohen@athenaeumindy.org

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Date: _____