



550 Hulet Drive, Suite 102  
 Bloomfield Hills, MI 48302  
 Tel (248) 338-4280  
 Fax (248) 338-0480  
[www.mediation-omc.org](http://www.mediation-omc.org)

## APPLICATION TO USE FACILITY

### MEDIATION MEETING ROOMS

**INSTRUCTIONS:** This form is required in order book a meeting room. Please complete and return this form at least 30 days prior to the event to the Oakland Mediation Center, 550 Hulet Drive, Suite 102, Bloomfield Hills, MI 48302, fax (248) 338-0480.

#### COFIRMATION PENDING AVAILABILITY AND APPROVAL BY OMC

Date Submitted: \_\_\_\_\_

NAME:		
Address:		
Phone Number: (    )	Fax Number: (    )	E-mail Address:

Event Type: \_\_\_\_\_

Requested Dates: \_\_\_\_\_

Rental Hours: (Includes set up and clean up time): From \_\_\_\_\_ To \_\_\_\_\_

Type of Activity: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

**ROOM REQUESTED:**

ROOM	RATE	CAPACITY
<input type="checkbox"/> Mediation Room 1	\$20 per hour (min. 3 hours)	4-6 occupants
<input type="checkbox"/> Mediation Room 2	\$25 per hour (min. 3 hours)	6-8 occupants
<input type="checkbox"/> Mediation Room 3	\$45 per hour (min. 3 hours)	10-12 occupants
<input type="checkbox"/> Mediation Room 4	\$50 per hour (min. 3 hours)	16-20 occupants

A deposit for the minimum three hours should be mailed along with this application. Checks or money orders should be made payable to Oakland Mediation Center. Should the allotted time be exhausted, additional used time shall be collected on the day of service. (Visa and Mastercard are accepted as form or payment).

**SMOKING IS PROHIBITED IN & AROUND BUILDING**

**I will provide a copy of my Professional Errors & Omissions Liability Insurance in an amount of \$1,000,000.**

I am the authorized person in charge of the above activity and information given in this agreement is correct. I further agree as the representative to be bound by the regulations, policies and fee schedules as described in the Oakland Mediation Center's Room Rental Policies and Procedures. It is further agreed that the permittee shall be solely responsible for and hold harmless Oakland Mediation Center and/or their agents from any and all claims or liability for damages or loss of property that may result from any act or omission on the part of the permittee or its agents while using Oakland Mediation Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR DEPARTMENT USE ONLY**

Application Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Rental Fee:	Amount:
_____ hrs. @ _____ \$/hr.	
_____ hrs. @ _____ \$/hr.	
TOTAL DUE	
REFUND \$	By: _____

**Liability Insurance Coverage Provided by Renter**

Comments: \_\_\_\_\_

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