



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

ROOM RENTAL AGREEMENT

OAKLAND MEDIATION CENTER authorizes the use of Room(s) _____ on _____, 2007, from _____ to _____, for \$ _____, for the purpose of conducting a mediation.

This amount is payable in advance and is non-refundable as the Room(s) have been reserved for you. Coffee and water will be included in the price of the Room(s).

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

AGREED and ACCEPTED

Renter Signature

I authorize \$_____ be charged to the account listed below as my registration fee for the above mentioned workshop.

Card Number _____ Exp. Date _____ Billing Zip _____

Security Code _____

VISA

MASTERCARD

Signature _____ Date _____