**THE COLUMBUS INSITUTE OF COSMETIC DENTISTRY**

**Facility Rental Contract**

Options:

1.) Rental of entire facility, including lecture hall and hands-on lab with all audiovisual, dental operatory, and equipment.

The fee: $1500.00/day

2.) Rental of lecture hall alone, with use of audio/visual and dental operatory, and equipment.

The fee: $750/day

**Dates of event:** **Event Title:**

Option 1☐ Option 2 ☐

This agreement to be signed by the two parties:

I have read the Terms of the Rental Agreement and the conditions sited thereof and I agree to these terms and conditions.

_____ _____
Renting Party Date

_____ _____
The Columbus Institute of Cosmetic Dentistry Date

PLEASE MAIL OR FAX TO:

The Columbus Institute Of Cosmetic Dentistry
1587 Brice Road
Columbus, Ohio 43068
Fax: (614) 861-7229
Phone: (888) 999-8560