

REGENCY PLAZA

Conference Room Application

Name: _____

Phone: _____

Company & Suite # _____

Date: _____

Time: _____ to _____

Reservation fee is \$25.00 for half day (four hours or less) or \$50.00 for a full day. The reservation fee can be invoiced to your monthly rent statement or paid by check the day of use. Make checks payable to TR Regency Plaza, LLC.

Authorized signature: _____

Additional requests for weekend reservations: (must be made 24 hours in advance)

Air Conditioning: Four hour minimum, \$75.00 an hour

Fans Only: Four hour minimum, \$65.00 an hour

After-Hours HVAC Authorization Form can be obtained online.



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