

**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 operator, and equipment.

The fee: \$1500.00/day

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