

B. CONTACT INFORMATION			
Primary Contact:			
Organization:			
Address:		City/State/Zip:	
Work Number:		Cellular:	
E-Mail Address:		@	
Technical Support Contact:			
Work Number:		Cellular:	
E-Mail Address:		@	

A response will be sent with the room availability within three (3) business days. If you accept the room, you will be sent via e-mail a Room Rental Agreement to complete and submit with all applicable fees. Payment must be in the form of two checks and be made payable to the California State Teachers' Retirement System, or CalSTRS and be received by CalSTRS no less than five (5) business days prior to the first date of the event.



_____ **Authorized Signature** _____ **Date**

Submit completed request to CalSTRSRoomRental@calstrs.com

For CalSTRS Staff Use					
Date Received:			Received By:		
Rental Agreement Sent:			Rental Agreement Recv'd:		
Date Room Rental Fee Recv'd			Amount	\$	Check #
Request:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Room Reserved:			
AV Equipment		<input type="checkbox"/> Yes	<input type="checkbox"/> No	AV Technical Support	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Confirmation Sent:			Confirmation Sent By:		
Special IT/AV Support or Amenities Requested:					
NOTES:					