



Conference Room Rental Agreement

Westwood Medical
10921 Wilshire Blvd, Suite 401
Los Angeles, CA 90024
Office: 310-208-6561

[Tenant Name]
10921 Wilshire Blvd, **[Suite #]**
Los Angeles, CA 90024
[Phone #]

Agreement made as of **[Date]** between the (“Landlord”) Westwood Medical and **[Tenant Name]** (“Tenant”) acknowledge ample consideration and enter into this Agreement as follow:

- **Conference Room Rental Rate**
 - 4 Hours \$200
 - All Day \$400

Date of Rental:

Time:

Total Cost of Rental:

Signature of Tenant: _____ **Date:** _____