Employer Contract Instructions

- Employer must contact the Director of Student Life, Cynthia Ross at 925-424-1297 (cross@laspositascollege.edu) to schedule the event.

- Employer must fill out, sign, and return the Employer Contract two weeks prior to the event in order to secure the date.

- If the original contract information changes, it is the responsibility of the Employer to inform the Director of Student Life, Cynthia Ross before coming to Las Positas College.

- Employer must pay the entire fee of $100 PER TABLE PER DAY before the start of the event or the event will be cancelled. Additional facility rental fees may apply depending upon Employer requirements.

- Prior to the event, a time and place will be agreed upon to meet on the day of the event. Failure to show up on time for this meeting may result in cancellation of the event or a late fee of $25.

- Employer must notify the Office of Student Life in writing (fax: 925-371-5572) by noon at least one day prior to the event if the event must be canceled. Failure to do so will result in a cancelation charge of $25 and employer will be prohibited from returning to LPC.

- Employer must be an equal opportunity/equal access/affirmative action employer fully committed to achieving a diverse workforce and complies with all Federal and California State laws, regulations, and executive orders regarding non-discrimination and affirmative action.

- Employers must set up on time and clean up on time. Please be aware that no vehicles are allowed on the campus. Vehicles must remain in designated parking lots. Employers will need to cart materials, equipment, and supplies to the assigned table(s).

- Employers must remain at the assigned table(s) and allow individuals to approach them.

- Employer is responsible for purchasing a daily parking pass ($2 fee/day) which is required of all LPC visitors. Failure to purchase a parking pass will result in a ticket.

- Violation of any of these rules can result in the immediate removal of the Employer from the LPC campus.

**Signatures**

**Employer Contact**

Date

**Director of Student Life**

Date

*THE SIGNED CONTRACT MAY BE FAXED TO ASLPC OFFICE @ (925) 371-5572—ATTENTION CYNTHIA ROSS*
Employer Contract

Company Name: ______________________________________________________

Contact Name: ___________________________  ___________________________
First Last

Contact Telephone: ___________________________  ___________________________
Cell # Work #

Contact E-mail: ______________________________________________________

Mailing Address: ______________________________________________________
Street
City State Zip

Date(s) of Event: ______________________________________________________

Time(s) of Event: ______________________________________________________

Location: □ Outside □ Inside
Number of Representatives ______ Number of Tables ______ Number of Chairs ______
Canopy to Cover Table? Yes ______ No ______

Purpose for LPC Event: ________________________________________________

For Office Use Only:

Date Contract Received: ______________________________________________

Date Payment Received: ______________________________________________

Location Assigned: □ Quad □ SSA Dining Room □ ASLPC Patio
□ SSA Patio □ Other: ________________________________________________