

MEETING ROOM CONTRACT

Event Date: _____ Room Reserved: _____

Business Name: _____ Contact: _____

Event Contact: (Presenter/Onsite Contact) _____

Address: _____

E-Mail: _____ Fax: _____ Phone: _____

Tax Exempt: _____ P.O. #: _____

Rental Fee: _____ Deposit Received: _____

Estimated Guest Count: _____ Function Time: _____

1. A deposit equivalent to your room rental rate is due the date you book the event. Your deposit will be credited toward your final bill. Deposits are non-refundable.
2. An 18% gratuity (for all events) plus a 6% sales tax will be added to all food, beverage, and labor fees. If your organization is tax exempt, we require a copy of your sales tax exemption form. Some exceptions to the above gratuity information would pertain to all-inclusive packages used for meetings.
3. A final guest count is required 4 days prior to your event, this count maybe increased after this point but not decreased. This is the number we base our setup and food preparation on. Initials: _____
4. Room setup and AV equipment requirements must be agreed upon in writing 4 weeks prior to the event, by fax or e-mail. Any changes made within 48 hours of the event will incur additional labor charges. Initials: _____
5. Please review set up with on-site presenter/contact so that set up is per their requirements.
6. Room rental included up to 2 display tables, any additional set up or display tables needed will be charged \$7.50 per table. Initials: _____

CLIENT SIGNATURE _____

PRINT NAME _____ *DATE* _____

BANQUET MANAGER'S SIGNATURE _____

PRINT NAME _____ *DATE* _____