

Meeting Room Contract

Event Date:	-
Business Name:	_ Contact:
Event Contact: (Presenter/Onsite Contact)	
Address:	
Email: Fax:	Phone:
Rental Fee: Deposit	t Received:
Estimated Guest Count:	Function Time:
schedule event(s). Your Deposit will be credited a reserve your space requests. a. If you cancel the event within 7 in full. b. If you cancel within 30 days of t projected final billing and forfeit c. If you cancel within 72 hours of	om rental rate are due within 14 days of the date you verbally against your final billing. Your deposit and contract formally days of the Hotel receiving your deposit, it will be refunded the event date, you will be responsible for 10% of your ture of the room rental deposit. Tyour function, you will be responsible for 50% of your ture of the room rental deposit.
	will be allowed to carry their deposit forward to the new date
email or fax. 4. Please review setup with onsite presenter/contac	st be agreed upon in writing 2 weeks prior to the event by
Client Signature:	. <u></u>
Print Name:	Date:
Sales Managers Signature:	

Print Name: ______ Date: _____