 **HAMPTON INN & SUIT KINGMAN**

 1791 SYCAMORE AVENUE

 KINGMAN, AZ 86409

 Phone: (928) 692-0200

 Fax: (928) 692-0258

Meeting Room Contract ­­­

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No# of people: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_ \_\_\_\_\_\_\_\_

 \_\_ \_\_\_\_\_\_\_\_\_\_

Phone No# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_ \_\_\_\_\_\_\_\_\_\_

Start Time: \_\_\_**AM**/PM

End Time: \_\_\_\_AM/**PM**

Set UP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Room: $800.00/ per day\_\_\_\_­ Half Room: $400.00/ per day\_\_

**$100 carpet cleaning fee required for large banquets if damages occur.**

Please put an 'X' next to what you will need.

|  |  |  |
| --- | --- | --- |
| **Square tables** | **$10.00**  |  |
|  Round table (60") |  $10.00 ea. |   |
| Table clothes | $5.00 ea. |   |
| **Power Point Projector** | **$50.00**  |  |
| Flip chart | $20.00  |  |
| Lapel Mic. | $20.00  |  |
| **Sound System**  | **$75.00**  |  |
| Hand Held Mic | $20.00  |   |
| Dance stage  | $100.00 |  |

 We have dry erase board on the wall in the front of each room.

Coffee $20.00 Per Pot \_\_\_\_\_\_\_\_\_ (Please circle reg. or Decaf)

Assorted Soda and / or bottle water $1.75 each

**HOTEL ONLY!P lease specify your budget and if there is any changes after contract is signed and submitted then there is no guarantees.**

**Room Size:**

Half Room: 1250 sq. ft.

Full Room: 2500 sq. ft.

|  |  |
| --- | --- |
| Classroom |   |
| **Theater** |  |
| Banquet |   |
| Conf/ Boardroom |   |
| U-shape |   |

**Classroom**- Half Room 60 People Full Room 120 People

**Theater**- Half Room 60 People Full Room 120 People

 **Banquet**- **Round tables at10 per table**

Half Room 50 (5 Tables) Full Room 120 (12Tables)

 **Meeting Tables at 6 per Tables**

Half Room up to 48 Full Room up to 120

**Reception-** Half a room 75 Full Room 150

**Con/Boardroom**- Half Room (Discuss with Sales)

**U-Shape**- Half Room 36 People

**Payment Method**

Cash Amt \_\_\_\_\_\_\_\_\_\_

Deposit Amt \_\_\_\_\_\_\_

Company Check# \_\_\_\_\_\_\_\_\_\_

Card Holder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non Refundable After\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Full amount Authorization to the credit card given upon booking the meeting room to insure the hold for the meeting room.

\*If cancellation of this booking becomes necessary, the Hotel must receive written notification (fax is good) 14 days prior to the event to avoid any penalty charges. (50% cost of meeting room charge) 72 hour notice as discussed.

I have read the contract and the Hotel meeting Room Booking Policies and Procedures. I am in agreement and hereby constitute the Terms and Conditions on the contract.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest Customer Signature Manager's Signature

Date Date

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**CREDIT CARD AUTHORIZATION**

**PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.**

**ALL INFORMATION WILL REMAIN CONFIDENTIAL**.

Name on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Type: \_\_\_Visa \_\_\_American Express \_\_\_Master card \_\_\_Discover

Credit/Debit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Identification Number: \_\_\_\_\_\_\_\_\_ (last 3 digits located on the back of the credit card)

Amount to Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (USD)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the Ramada Hotel & Suites to charge the amount listed above to the credit card provided herein. To pay for the charges of:

Name of guest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmation Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrival Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Departure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Nights: \_\_\_\_

I authorize the following charges:

o Room and tax ONLY

o Room, tax and telephone ONLY

o All charges including incidentals

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Authorized Signature

If you need a copy of the bill to be faxed or e-mailed upon departure, please fill out the information below:

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| \*\*\*\*\*One night of room and tax will be charged in the event of a no-show. Reservation must be canceled 24 hours in advance before date of arrival.  |
| NOT VALID UNLESS ACCOMPAINED BY A LEGIBLE COPY OF THE FRONT AND BACK OF THE CREDIT CARD, DRIVER LICENSE AND SIGNED BY THE CARDHOLDER.  |

**THANK YOU FOR YOUR BUSSINESS!**