

**Meeting Room Contract**

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| **Group Name:**  | Johns Manville Meeting  |
| **Contact Name:**  | Lori Roy |
| **Address:**  | 1630 E Wooster St Bowling Green Ohio, 43402 | **Phone:**  | 7403418406 |
| **Address Line 2:**  |  | **Email:**  | Caitlyn.reeder@circulohealth.com |
| **Start Date/Time:**  | **Tues November 8th**  |
| **End Date/Time:**  | **August 24th 2022 Time:9-4pm** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Table Configuration****Please Indicate which one is needed** | **Classroom** | **Horseshoe** | **Square style** |

**Number of Guests in Attendance:**

|  |  |
| --- | --- |
| **Ongoing: If ongoing please list dates below for Yearly use.**  | **One Time Use: Check below**  |
| **Month:**  | **Date & Time**  |  |  |
|  |  |  |  |
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| **Technology Needs** | **Food & Beverage** |
| **High Speed Internet** **($5)** | **Included in meeting room rate**  | **Coffee: Regular/Bold/ Decaf****($15/Pot)** | **Included in meeting Room Rate** |
| **70” Smart TV****($25)** | **Included In Meeting Room Rate**  | **Assorted Tea** **($5)** | **Catering Price May Vary. Contact hotel for info.** |
| **Other:** | **Ice Water** | **Cookies ($25/ Dozen)** |  |



**Our Space:**

Our 836 sq. ft. Meeting room has seating for 25 guests, with a maximum capacity of 25. The meeting room is equipped with a 70” smart TV, capable of supporting video conferencing, presentations, and birthday parties, showers, and more.

**Rates:**

The base rental rate for the meeting room **$150.00 plus applicable taxes**

**Tax Exempt:**

If tax-exempt please email or fax document.

**Payment and Deposit:**

Payment may be made via check, credit card, or invoiced to an approved direct bill account. Room must be guaranteed with credit card or advance payment. Depending on demand, a deposit may be required at the discretion of the hotel. If the payment method will be a credit card. Which will not be present at the time of the meeting please request a Credit Card Authorization form and send back to us.

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| --- | --- | --- | --- |
| Payment method: Please Check Which | Check  | Credit Card  | Direct Bill  |

**Cancellation:**

Cancellation of meeting room rental must be made **72 hours** prior to event to avoid loss of deposit.

 **Final Total**

|  |  |
| --- | --- |
| Meeting Room Base Rate  | Hourly |
|  $150.00 | 7 Hours |

**Acceptance of contract:**

**Printed Name of Authorized Party:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hotel Acceptance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_