Event Title *		Type or Descripti	ion of Event *		
Responsible Party *	Date *	Time *		No. of Guests *	
Main Point of Contact *	Email *	Department and I	Wail Code or Off-Campus A	Address	
Phone/Extension					
Requested Facilities (Check all that apply) Table (Dining Room): No charge	* Meeting Room A: \$75	Meeting Room B: \$75	Meeting Rooms A a	nd B: \$150	
Patio: \$125 Foyer/Lounge: \$90 Main Dining Room: \$125					

Fields marked with an asterisk (*) are required.

Dining Room and Lounge: \$215	Dining, Lounge, & Patio: \$340		
Entire Facility (Dining Room, Lounge, P	atio, and Rooms A and B): \$490		
Audio/Video			
\$50/room per day			
Total Charges for Facilities	Method of Payment (Upon Arrival)		
	Credit Card		
(Charge per facility x No. of Days +	Visa, Mastercard, Discover, and American Express accepted with valid ID		
Audio/Video fees)	Purchase Order		
7.00.00 7.000 7.000	A hard copy of the P.O. is required before or at time of purchase with 2 printed and signed receipts		
Group Reservations Policy			
Guests are responsible to provide a minimum guaranteed guest count for their reservation 3 business days prior to their meeting/ event. If you have fewer guests than your guarantee on the day of your event, you will be required to pay the minimum. If you have more guests than your guarantee, you will be charged accordingly.			
Reservations during lunch hours	pay \$16.00 per person plus room fee.		
I have read and agree to the Group Po	olicy		