



ROOM RESERVATION FORM

CONTACT PERSON/ PARTY REQUESTING RESERVATION:

DATE/DATES TO BE BOOKED: _____

TIMEFRAME: _____ ALL DAY _____ OTHER: (PLEASE SPECIFY)

NUMBER OF PEOPLE ATTENDING: _____

TYPE OF MEETING: _____

DETAILS OR SPECIAL REQUESTS: _____

INDIVIDUAL/FIRM TO BE INVOICED:

OR PAY VIA CREDIT CARD TYPE: ___ VISA ___ MASTERCARD ___ DISCOVER ___ AMEX

CARD NUMBER: _____

EXPIRATION DATE: _____

CARD IDENTIFICATION NUMBER: _____

AMOUNT TO CHARGE:

___ MEMBER RATE \$75 ___ NON MEMBER RATE \$150

CARDHOLDER SIGNATURE AND DATE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

**Rooms are available as early as 8:30 am. Please vacate the space by 4pm, unless specially requested in advance. The bar association must be notified of cancellations or changes in dates at least 24 hours prior to reservation in order to obtain a refund. Cancellations within 24 hours of booked date will incur the full room charge.*