

MEETING ROOM RESERVATION TERMS & CONDITIONS

ALL MEETING ROOM RESERVATIONS AND AGREEMENTS ARE MADE
UPON AND SUBJECT TO, THE FOLLOWING CONDITIONS:

1. Meeting room reservation cannot be confirmed until signed by an authorized representative of the sponsor.
2. Payment is due to the Northern Virginia Chamber of Commerce prior to the event via check or credit card. (Visa, Mastercard, and American Express)
3. The Chamber will provide a list of member caterers/restaurants. Please contact the Chamber for details. The Chamber does not provide any food, beverages, and only limited AV equipment for meeting room reservations.
4. Sponsor agrees to be responsible for any damage done to the meeting room or any other part of the Chamber offices and/or equipment and facilities by Sponsor or Sponsors attendees. This includes damage to chairs, tables, credenzas, carpets, and walls.
5. Sponsor agrees to provide the Chamber with a copy of company's certificate of liability insurance, naming the Chamber as an additional insured. This document must be received by the Chamber at least 72 hours prior to your function or Sponsor will be considered in breach of this agreement, forfeiting the deposit and right to use the meeting room.
6. In the event the nature of the function requires that Sponsor obtain a permit or license from any governing body, local, state or federal, Sponsor is solely responsible for applying for and obtaining such permit or license at Sponsor's own expense.
7. It is Sponsor's responsibility to bring and remove any meeting materials (papers, charts, etc.) and all food/beverage items from the premises at the conclusion of the function. Used plates, napkins, plastic ware, etc., must be placed in trash receptacles provided and the room must be left in the same condition as found.
8. The Sponsor must arrive in advance of meeting to set up conference room.
9. Notice of cancellation must be received in writing no less than 72 hours prior to the reserved time in order to receive a full refund of the reservation fee.

PAYMENT INFORMATION

Total to be Charged: \$ _____

Payment Method: Check or Credit Card
(select one)

Check Number: _____

Name on Card: _____

Card Number: _____ CID# _____

Expiration Date: _____

Billing Address: _____

City: _____

Requested Date(s): _____

Requested Time: _____

Reservation Amount: _____

Sponsor Signature: _____

**SUBMIT FORM TO: TED SHAFFER
TSHAFFER@NOVACHAMBER.ORG**