

MPA Conference and Meeting Center

50 Industrial Drive, Augusta, ME 04330

Phone: (207)622-0217 * Fax: (207)622-1513 * E-mail: mpa@mpa.cc

Reservation Contract

Date: ____/____/____

Name of organization requesting space

Name of contact person

E-mail address of contact person

Address

Billing address, if different

Phone No. work _____ - _____ eves _____

Fax No. _____

_____/_____/_____, from _____ to _____
Date Time of Requested Meeting

Alternate Date

Number of Attendees

CERTIFICATE OF INSURANCE

The MPA requires outside organizations/associations to provide the MPA with a Certificate of Insurance prior to function date.

- Maine Principals' Association should be named as the additional insured.
- Certificate of Insurance should be for General Liability for \$1,000,000.

Date Received _____

TAX EXEMPTION

Organizations/Associations that are tax exempt must provide the MPA with an Exempt Organization number.

NO SMOKING POLICY-MPA building and grounds are smoke free. Please announce this to your group.

NO PETS ALLOWED-No pets allowed in our facility or on our grounds.

ROOM DEPOSIT-A non-refundable room deposit must be paid upon confirmation of scheduled event.

FOOD POLICY- The MPA offers complete catering services to meet your needs and budget. Food and beverage will not be allowed into the facility by outside persons or caterers nor will food be allowed to leave premises with clients or guests. Please add an 20% service charge and 8% sales tax to all meal costs.

MEAL GUARANTEE POLICY-Meal guarantees are the minimum number of meals to be provided and charged to the group. Meal guarantees are required seven (7) working days prior to the scheduled function. The seven-day notice does not include Saturday and Sunday. If no guarantee is provided, the original estimate or the actual number served, whichever is greater, will be the number for which you will be charged.

CANCELLATIONS-Cancellations must be received **21** days prior to scheduled event. If cancellation occurs after **21-day** period the renter will be assessed rental and food costs.

MISCELLANEOUS-Prior approval is required to affix materials to the walls, floors or ceilings. In the event this is done without authorization, any damages will be assessed and charged to the client. The Maine Principals' Association cannot assume responsibility for personal property left in the conference center.

OVERTIME CHARGE-An additional charge of \$20.00/hour will be assessed for time that is incurred before or after the contracted time is completed. In extreme circumstances, the MPA reserves the right to charge an additional fee equal to half of the full day rate.

RESET CHARGE-There will be a \$50.00 reset charge for each request to change the contracted set-up of a conference room once our staff has set the room.

MEETING SPACE REQUIRED

- Conference Room A**
Set Up: Classroom style set up unless otherwise requested, seating for 40
- Conference Room B**
Set Up: Classroom style set up unless otherwise requested, seating for 30
- Conference Room C**
Set Up: Classroom style set up unless otherwise requested, seating for 30
- Conference Rooms A/B/C**
Set Up: Classroom style set up, seating for 90-100
- Meeting Room D**
Set Up: Conference style set up, seating for 14
- Meeting Room E**
Set Up: Conference style set up, seating for 14

AV EQUIPMENT NEEDED: Check off all that apply

- Lavalier
- LCD Projector
- 8' Screens (no charge w/LCD Projector)
- Flip Charts and Easels
- Black Markers
- Extension Cords
- Photocopies
- Podium

CATERING NEEDED: Check off all that apply – Menu to be determined

- Continental Breakfast – Serving Time: _____
- Lunch -- Serving Time: _____
- AM and/or PM Beverage Refresh – Serving Time(s): _____

BILLING PROCEDURE

Non-refundable room deposit shall be made in advance. The MPA requires a \$100 deposit to be received upon confirmation of room rental agreement. ***Final payment is due within 30 days from the date of rental. Any amount not paid within 30 days will be charged 1 1/2 % late fee. Terms NET 30.***

Client Representative:
Name: _____

Title: _____

Date: _____

Authorized Signature