

Seminar Room Reservation Agreement

Restaurant:

Address:

Contact Name & Title:

Phone / Email:

Event Details:

Hosted By:

Type of Event: Educational Medicare Seminar (No Sales Presentation)

Event Date:

Event Time:

Room Reserved:

Expected Attendance:

Venue Acknowledgment & Agreement

1. **Guaranteed Reservation:** The above-listed room is reserved exclusively for Phoenix 1948 on the specified date and time and will not be reassigned, reduced in size, or double-booked.
2. **Room Requirements:** The room will accommodate the expected number of attendees, be set up and ready prior to event start time, and provide reliable access to electricity for presentation equipment.
3. **Business Impact Acknowledgment:** The venue understands that Phoenix 1948 invests a minimum of \$5,000 per month in marketing these events and relies on the venue's commitment to ensure a successful seminar.
4. **No Changes Without Approval:** Any changes to room size, location, or availability must be approved in advance by Phoenix 1948.

Cancellation Policy

Seminar Representative agrees to notify the venue no later than 48 hours prior to the scheduled event if cancellation is necessary.

Additional Terms

Failure to honor this agreement may impact future bookings and vendor relationships.

Venue Representative Name:

Signature:

Date:

Seminar Representative:

Signature:

Date: