Northeast Indiana Innovation Center Meeting/Catering Request Form and Agreement



Group Requesting Use:

NIIC is a Smoke-Free Facility and Campus & Handicapped Accessible



Date of the Event:

	ne of Event/Purpose: ntact Information:						
Contact Person:							
	Telephone: Office ()	_Cell: ()				
	Company Name & A	Address:					
	Email Address:						
Date for the Event:				Start Time:	End Tim	ne:	
$\overline{\mathbf{Q}}$							
V	Room Required Cole Foundation Auditor		Capacity 80 Max.	Per Hour N/A	¹ / ₂ Day Rate \$150	Daily Rate \$275	
	Cole Foundation Audito		32 Max.	N/A N/A	\$75	\$125	
			40 Max.	N/A N/A	\$125	\$200	
	Cole Foundation Auditorium South		40 Max.	\$10	\$125 \$25	\$40	
	Votaw Electric Conference Room		4 Max.	\$10	\$25 \$25	\$40	
	A. Hattersley & Sons Conference		4 Max.	\$10 \$45	\$25 \$125	\$200	
	Indiana Michigan Conference Room		10 Max.	\$25	\$65	\$100	
	Lake City Bank Conference Room BKD Conference Room		14 Max.	\$30	\$90	\$125	
	3 Way Conference Room		24 Max.	\$40	\$110	\$200	
	Dario's Private Dining/Executive		12 Max	\$25	\$65	\$110	
	English/Bonter/Mitchel		20 Max.	N/A	\$175	\$200	
	Exploration Lab	i illiovation &	20 Max.	IVA	Ψ173	Ψ200	
	25, \$50 or \$75 clean-up fe nay be waived if room is t						
Catering Request: X Need Breakfast		Lunch		Snack	Dinner		
Time to be Served: (a.m./p.m.)		Editori		Sheek			
	A 15% hosting	g charge is added	to the total	for catering (Minimum fee of	\$10)	
Inno must	: Catering is provided through vation Park approved; if you he be provided by the Innovation selections.	ive a personal favorite	, let us pre-appi	rove them for you	in advance of your ev	vent. ALL Beverages	

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Please make any beverage and additional requests on this form:

NIIC ITEMS	PRICE PER ITEM	QUANTITY		
Mata	¢4 00/b o#4 o			
Water	\$1.00/bottle			
Carafe Coffee – Regular/Decaf	\$5.00/carafe			
Urn Coffee – Regular/Decaf	\$10.00/urn			
Keurig Hot Beverage	\$1.00/Kcup			
Juice	\$1.00/bottle			
Diet Coke/Coke/Sprite	\$1.50/can			
Half Dozen Cookies	\$6.00			
Dozen Cookies	\$10.00			

China	\$1.00/dish			
Silverware	\$.65/place			
Coffee Cups	\$.50/cup			
Conference Coordinator: Business How – A Coordinator is required to be on-site if of				
	urs from 8:00am-5:00pm, (4 pm			
 A Coordinator is <u>required</u> to be on-site if of hour fee. Will you require this service? ☐ YES 	urs from 8:00am-5:00pm, (4 pm outside of identified business ho e beverages are served – or	ours. This service is pro	ovided at a \$20.00 per	

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Credit Card Information: REQUIRED for Reservation of Room IF NOT a client of NIIC
() Visa
() MasterCard
() Discover
() American Express
Name on Card (as it appears):
Address of credit card statement (including zip code):

Card #:
Expiration Date:
3 Digit Credit card verification # found on back of card:
*Please note: We charge a \$35 fee for declined cards and \$10/card for multi-card use
I the undersigned have received, read, understand and will fully and comply with all components of the Innovation Center's Building Use Policy dated January 25, 2013. I further understand I am personally responsible for ensuring that all members and guests of the group I represent will fully comply with all components of the Innovation Center's Building Use Policy.
In entering into this agreement, I assume personal responsibility or any and all applicable charges, fees and financial obligations that result from the use and/or misuse of the Innovation Center's building and/or property by all members and guests of the group I represent.
Signature:
REQUIRED
Printed Name:
REQUIRED Date:
Date:
REQUIRED

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