SPECIAL MEETINGS & FUNCTION ROOM REQUEST

To request a function room, complete this form and return it with payment by **December 1, 2008.**

COMPANY

ADDRESS

CITY STATE ZIP

PHONE

FAX

EMAIL

ON-SITE CONTACT

ON-SITE CONTACT'S CELL PHONE

BOOTH NO.

DAY(S) REQUESTED

TOTAL FEE $

ANTICIPATED ATTENDANCE

PURPOSE OF ROOM *(meeting, luncheon, reception, etc.)*

Rental period is for 7:00 am – 8:00 pm including set up and move-out. Exhibitor agrees to adhere to the requirements and guidelines of the Boston Convention & Exhibition Center.

ROOM SIZE	RATE	CAPACITY THEATRE / CLASS / RECEPTION
☐ small	$250 / day	165 / 100 / 210
☐ medium	$500 / day	325 / 200 / 400
☐ large	$750 / day	950 / 550 / 1100

Signature of both parties constitutes a contract.

PRINT NAME _____ TITLE _____

SIGNATURE _____ DATE _____

Accepted by New England Grows, Inc. SIGNATURE _____ DATE _____

(For office use only) ROOM NUMBER ASSIGNED

METHOD OF PAYMENT ☐ Check Enclosed ☐ MasterCard ☐ VISA

CARD NO. _____ SECURITY CODE _____ EXP. DATE _____

PRINT CARD HOLDER'S NAME _____ SIGNATURE OF CARD HOLDER _____

CARD HOLDER'S ADDRESS *(if different from above)* _____

CITY / STATE / ZIP _____

Rooms will be assigned on a first-come, first-served basis. This contract is made in accordance with the conditions set forth in the New England Grows Exhibit Booth Contract. Payment in full must accompany this contract. Cancellations must be received in writing before December 5, 2008 and are subject to a 25% cancellation fee. There will be no refunds after December 5, 2008. Show Management reserves the right to prohibit or close any function for any reason it deems necessary.

Return with payment in full to:

New England Grows, Inc. 8-D Pleasant Street South Natick, MA 01760

Tel: (508) 653-3009 Fax: (508) 653-4112 www.NEGrows.org

NEW ENGLAND GROWS!