Function Agreement

The Classic City Hilton Garden Inn

390 East Washington Street, Athens, GA 30601 Phone 706-353-6800 Fax 706-353-6807

Organization Contact Person AddressLinkedIn Sean Cook 110 Lake Street Athens, GA 30601)1	Start Date of Meeting05/16/2011Sales ManagerKim BarnettTelephone706-363-0539FaxToday's Date04/29/2011					
Function Room Assignments are not guaranteed.								
Date	Time	Room	Event	Set-up	D	#PPL	Fee	
05/16/2011	08:00 AM - 01:00 PM	Dogwood	General S	ession Class	sroom	30	250	
Billing Information								
Method of Payment								
Credit Card #			Expiration Cardholder .					
Authorized S	Signature		Menu Due Date 04/16/2011					
Deposit Req	uired \$250 Deposit Due	Date 05/06/2011	Guaranteed Count Due 05/13/2011					
Special Billing/Instructions								

If all terms and conditions meet with your approval, please sign and return one copy of this agreement for our records by 05/06/2011. Your signature will convert these arrangements from a TENTATIVE to a DEFINITE status. If this confirmation is not returned by the above date, the hotel reserves the right to release the meeting room and cancel this booking.

Hotel Representative	Client Representative		
Name	Name		
Title	Title		
Date	Date		
Signature	Signature		