

615 Washington Ave SE

Minneapolis, MN 55414

Hotel Phone Number: 612-379-8888

Sales Fax: 612-379-8436

**Regents of the University of Minnesota (“Group”)**

**for its University of Minnesota ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Prepared:**

Group Name:

Group Contact:

Address:

Telephone:

Email:

Function Name:

Event Dates:

Graduate Hotel Sales Manager:

Phone Number:

**Regents of the University of Minnesota through its \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (“Group”) and **Graduate Minneapolis (“Hotel”)** agree as follows:

The Hotel agrees to hold the space listed below on a tentative basis until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date). If the Hotel and the Group do not have a fully executed contract the Hotel will release the space for sale to the public.

**GUEST ROOM BLOCK:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***UM Med Chemistry*** | | | |
|  |  | **Date** | |
|  |  | **Rooms** | **Rate** |
| **Guest Rooms** |  |  |  |

Total Room Nights Are:

**GUEST ROOM RATES & SPECIAL AGREEMENTS:**

All rates are net, non-commissionable and are subject to state and local taxes currently assessed at 14.025%.

Parking: Self-parking is available at $25.00 plus tax per vehicle/per night with in/out privileges. Prevailing rates apply at check in.

Total Value of This Contract: $\_\_\_\_\_\_\_\_\_\_\_\_\_

**ROOM RESERVATION PROCEDURE:**

It is our understanding that the room reservations will be made on an individual basis. Individuals should contact the Hotel directly at 612-379-8888 or through reservation link provided. The Hotel will honor reservations received by (4 weeks prior to arrival). Reservations received after this date are subject to space availability and at prevailing room rates.

**OR**

**GROUP AND PAYMENT**

The Group contact has agreed to provide a rooming list four weeks prior to arrival with the understanding that the payment of rooms will be direct billed to the Group via a Group Purchase Order. The purchase order number should be provided to the Hotel with the rooming list. The list must be received by the Hotel no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If the list is received after this date, rooms reserved are subject to space availability at prevailing room rates.

**RESERVATION GUARANTEE:**

All room reservations must be guaranteed for late arrival with a major credit card. Failure to cancel a guaranteed reservation 24 hours prior to day of arrival or occupy the room will result in a charge of one night’s room and tax applied to the credit card or forfeiture of the deposit.

**BILLING INSTRUCTIONS:**

Individuals shall be responsible for their own room and tax and incidental charges. Payment will be accepted in the form of a major credit card, cash or check.

**OR**

The Group will be responsible for room and tax for the individual names on a rooming list and an account will be set up for direct billing purposes except where noted on the rooming list that the individual will be responsible for all or part of the number room nights. Individuals will be responsible for incidental charges.

**CUT OFF DATE:**

The room block, as previously outlined, will be held until (4 weeks prior to check in) at which time all rooms not reserved will be released for general sale. Reservations received after this date will be accepted on a space and rate available basis. If the group rate is not available after this date, the prevailing rates will apply for any reservations confirmed.

**CHECK IN/CHECK OUT:**

Check in time is after **4:00pm** Central Time and Check out time is by 11:00am Central Time. Group attendees will notify Hotel directly if special accommodations to these times are needed.

Guests arriving prior to **4:00PM** will be accommodated as rooms become available. Arrangements can be made to check baggage for those arriving early when rooms are not available.

When signed by representatives of both parties, this contract constitutes an agreement between the Group and the Hotel.

Regents of the University of Minnesota Hotels’ Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Graduate Minneapolis

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_