



Holiday Inn Express and Suites
 1663 Hoffman Road
 Green Bay, WI. 54311
 920-593-4600 FAX 920-632-4066

GROUP BOOKING CONTRACT

GROUP NAME: Denmark Loyalty Days	SRP Code: DLD
<u>RESERVED DATES: 04/29/22 & 04/30/22</u>	Contact: Richard Verheyen
Address: sargevfw6705@gmail.com	

GUEST ROOM COMMITMENT AND RATES:

The Holiday Inn Express Green Bay East will hold the following accommodations:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Dates: 04/29/22 & 4/30/22						x	X
Two Queen \$104.99						20	20
King \$104.99						15	15
Daily Totals						35	35

COMMENTS:

- ⌘ Rates listed above are for single or double occupancy in a standard suite. Each additional adult will increase the room rate by \$10.00
- ⌘ No Additional Discounts apply.
- ⌘ Guests to book on own and pay on own.

Room rates are subject to applicable state and local taxes in effect at the time of check-in. Rates are based on single or double occupancy. Additional adults in the room will be at an additional charge. Rates are net, non commissionable.

CHECK -IN / OUT TIMES: Check-in Time: **3:00 pm.** Check-out Time: **11:00 am.**

RELEASE DATE: 3/29/22	CANCELATION POLICY: 72 HRS PRIOR TO ARRIVAL
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The guest rooms indicated on this contract will be held for you upon receipt of a signed contract from you. Please instruct the attendees to contact the hotel directly at 920-593-4600 and ask for this room block. At the Release Date, Holiday Inn Express and Suites ~ Green Bay will release the unreserved rooms for general sale. Any reservations received after the release date or after the blocked rooms are booked will be accepted at hotel standard rate, availability, and house policies. Guests interested in arriving early or extending their stay will be accepted also on a space and rate available basis.

GUEST ROOM BILLING ARRANGEMENTS:

Individuals Pay:	x	Room & Tax	x	Incidentals	x		
Master Accounts:		Room & Tax		Incidentals			

All guest room reservations must be guaranteed with a VALID major credit card or by a first night room PRE PAID deposit of cash or check.

If reservations are made by rooming list, they will automatically be guaranteed for late arrival by your organization. If guests identified on the rooming list do not check-in, Individual or Master Account, as denoted above, will be charged one night room rate.

Master Account Billing: Any outstanding balance of the Master Account will be due and payable upon receipt of your invoice. If payment is not received within thirty (30) days, a Finance Charge of 1 ½ % per month (18% Annual Rate) (or the maximum allowed by law, whichever is less), will be added to the unpaid balance commencing on the invoice date.

Cancellation Policy: The performance of this agreement by either party is subject to the acts of God, war, government regulations, disaster, strikes, civil orders, or other emergencies making it inadvisable, illegal or impossible to provide the facilities to hold the event. It is provided that this agreement may be terminated for any one or more of such reasons by written notice from one party to the other. It is provided that there shall be no right of termination for the sole purpose of holding the same or similar function in another hotel or conference center.

Your Property: We are not responsible for any loss or damage to your property and do not maintain insurance covering it.

Tax Exemptions: Groups requesting tax exempt status must provide Holiday Inn Express and Suites - Green Bay with a tax exemption certificate(s) thirty (30) days prior to the event in order to exempt from tax charges.

Promotional Considerations: We have the right to review and approve any advertisement or promotional materials in connection with your event, which specifically references to the Holiday Inn Express and Suites logo or name.

Indemnification: To the extent permitted by law, you agree to protect, indemnify, defend and hold harmless Holiday Inn Express and Suites, the owner of the Hotel, and there respective employees and agents against all claims, losses or damages to persons or property, governmental charges or fines, and costs (including reasonable attorney's fees), arising out of or connected with your function, except those claims arising out of our gross negligence or willful misconduct of the Hotel.

Auxiliary Aids: The Hotel represents and you acknowledge that the Hotels facilities being rented to you including guest rooms, common areas and transportation services will be in compliance with our public accommodation requirements under the **American With Disabilities Act**. You agree that one week in advance you will furnish to us a list of any auxiliary aids needed by your attendees in meeting or function space. You agree to pay all charges associated with the provision of such aides by the Hotel. When your attendees make room reservations, please ask them to notify us of there auxiliary aid needs so that we may notify you as to the names of businesses which you may contact to obtain those aids.

Governing Law: This contract shall be construed and interpreted in accordance with the laws of the state of Wisconsin.

Amendments: Any amendments or changes to arrangements described in this contract must be made in writing, signed by the Hotel Representative and the Company / Group representative.

Acceptance: Please sign and return a copy of this agreement. This Agreement will constitute a binding contract between the parties. The individuals signing below represent that each is authorized to bind his or her party Agreement. **If this Agreement is not received prior to contract due date listed below, all rooms and space referred to herein will be released and neither party will have further obligations under this agreement.**

Company / Group Representative

Date

CONTRACT DUE DATE: 02/14/22

Hotel Representative

Date