



UC Davis MEETING ROOM SALES Reservation

HYATT PLACE™

Date					
Group Contact Name					
Organization	UC Davis				
Address	One Shields Ave				
City	Davis	State	CA	Zip	95616
Phone		Fax			
E-Mail Address					

**Please complete information box above and or ensure that all data is correct.*

Group Name: _____

– This will be the name used to hold your meeting at the hotel.

_____, (Client) and Hyatt Place – UC Davis (Hotel) agree as follows:

The Hotel agrees to hold the meeting space listed in this reservation on a tentative basis for **three** business days from the date of this document. If this reservation is not fully executed by Client and Hotel by this date, the Hotel will release all meeting space being held.

MEETING SPACE COMMITMENT

The Hotel is currently holding meeting space based on the following Program of Events. This is considered to be a firm commitment by the client and any changes to this commitment must be agreed between the parties.

Day				
Date				
Meeting Room Hold Times				

Meeting room rental for this program is **\$000.00** per day. (All fees for meeting and function space are subject to applicable taxes.)

The University agrees to assume responsibility for damage but only in proportion or to the extent caused by the negligent or intentional acts or omissions of the University, its officers, agents, employees and invited guests.

MEETING ROOM CUT-OFF DATE

The meeting "cut-off date" is XXXXXXXXXXXX.

All meeting and food requests must be confirmed by this date by returning the BEO (Banquet and Event Order) as well as a credit card for hold and payment purposes. (BEO will be sent as a separate attachment to this agreement). If Hotel does not receive the BEO and a form of payment by the cut-off-date, Hotel will release the meeting space for general sale and cancel all associated food orders.

Any meeting or food requests received after the cut-off-date will be based on Hotel's general availability. All such requests shall be offered at Hotel's best available rates.

FOOD AND BEVERAGE POLICY

The Hotel reserves the right to cease service of alcoholic beverages in the event that persons under the state mandated age limit are present at the function and attempt to receive service of alcoholic beverages. Hotel further reserves the right to deny alcoholic beverage service to guests who appear to be intoxicated.

MEETING CANCELLATION

Either the Hotel or Client may cancel this contract without cause upon written notice to the other party at any time prior to the events and at no penalty by the **cut-off-date**.

The Client will be charged a cancellation penalty equal to 50% of total meeting charges in the event of any cancellations made after the **cut-off-date**.

CHANGES NOTICE

Any changes to these terms must be made in writing and signed by both parties to be effective. Any modifications, additions, or corrective lining out made on this agreement will not be binding unless such modifications have been signed or initialed by both parties.

BINDING AGREEMENT

This reservation and all of its terms are agreed upon by both parties. Any changes to these terms must be made in writing and signed by both parties to be effective. The terms and conditions of UC Davis master agreement A10034 (previously UCD1205231) shall take precedence if any dispute arises.

SIGNATURES

This signature page, once signed, may be sent back by electronic transmission (fax or scanned email) and shall be acceptable to the Hotel to hold the space. If the Hotel does not receive the Agreement

executed by the Client with the original signature within **3 business days** of _____, Hotel will release all requested group rooms into Hotel's general inventory for sale.

In such an event that the Clients' rooms are released, on written request, Hotel will send Client a new reservation based on available inventory and Hotel's UC Davis group rate at that time.

When signed by representatives of both parties, this reservation, and the Terms and Conditions of UC Davis master agreement A10034 constitutes the full agreement between the Group and the Hotel.

Client
Authorized Representative

Hotel
Authorized Representative

Name: _____

Liz Read

Title: _____

Director of Sales

Signature: _____

Signature: _____

Date: _____

Date: _____

*This reservation confirmation form has been reviewed and approved by UC Davis Contracting Services and UC Davis users may sign this form confirming the details of their reservations with the hotel. All terms and conditions of A10034 are hereby incorporated by reference.

UC Davis Contracting Services Approved Form