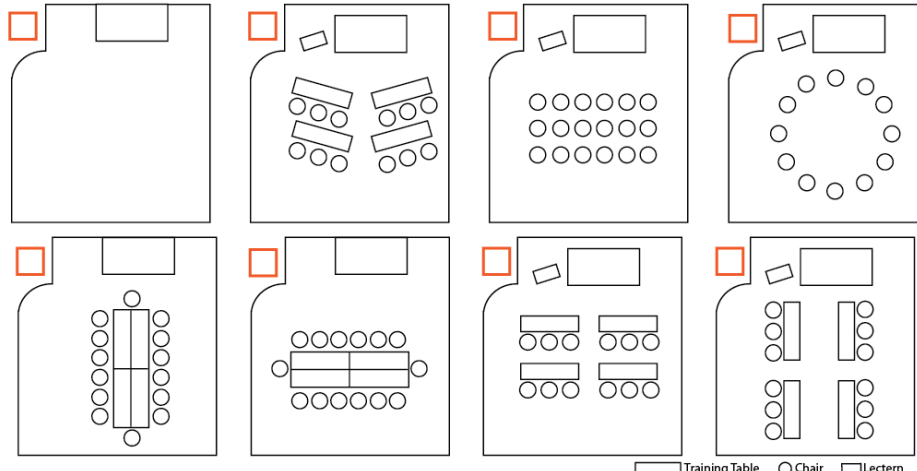


Note: Completion of this form does not insure room availability or event approval.  
Once a decision has been made, you will receive an email confirmation with a copy of this signed agreement.

Contact Information				
Name:		Organization:		
Email:		Phone:		
Address:		Approximate number of attendees:		
Event Frequency (check one)				
__ Weekly	__ Twice Weekly	__ Every Other Week	__ Monthly	__ Other:
Purpose/ Description of Event				
Event Date/ Time Details				
Date: _____ Times: _____		Date: _____ Times: _____		
Date: _____ Times: _____ <small>Attach additional sheet if necessary.</small>		Date: _____ Times: _____ <small>Please include necessary set-up/ tear down times.</small>		
One-time Room Rental Fees (check one)				
__ 1 hour (\$50)	__ 2 hours (\$75)	__ 3 hours (\$100)	__ 4 hours (\$125)	
<small>If meeting is scheduled after normal business hours, please add 10% to room fees.</small>				
<b>Please schedule a meeting with the Director of Office Development to discuss on-going workshop prices and discounts that may be available.</b>				
Cancellation Agreement				
When cancelling any agreement, refunds do not include any penalties assessed by event caterers and/ or other vendors you may have agreements with. <b>Please initial:</b> _____		<b>Days prior to meeting/ event:</b>		
		14 days or greater: 100%		
		13-7 days: 50%		
			6 or less days: No Refund	
Please submit completed form to:				
inBalance Chiropractic and Wellness Attn: Director of Office Development 352 Boston Turnpike, Shrewsbury, MA 01545 Or <a href="mailto:kevingray@inbalancecw.com">kevingray@inbalancecw.com</a>		For Office Use Only: __ Event Approved, __ Event Declined __ Payment Received __ Entered into Calendar __ Confirmation Email Sent		

**Room Set-up Requested (check one)**



Design your own: I will need \_\_\_ training tables (up to 4), \_\_\_ chairs (up to 20), \_\_\_ lectern

Training Table     Chair     Lectern

**A/V Equipment Needed**

\_\_\_ **Projector**    \_\_\_ **Laptop**    \_\_\_ **Conference Phone** (additional fee may apply)

**Agreement (please initial each item)**

- \_\_\_ I authorize and verify that the information provided on this form is correct.
- \_\_\_ If applicable (\_\_\_ yes, \_\_\_ no) I have enclosed a Certificate of Liability.
- \_\_\_ The Renter shall pay to inBalance the sum of \$\_\_\_\_\_ at least 14 days prior to event, and has read and understands cancellation agreement.
- \_\_\_ The Renter shall have access to and use of the venue as outlined on request form.
- \_\_\_ inBalance Chiropractic and Wellness has the right to refuse rental to any persons or organizations that do not align with the brand established. Events will be health and wellness focused.
- \_\_\_ Renter shall remove all personal property, trash, and other items that were not present in the venue when Renter took control of it.
- \_\_\_ Renter will be liable for any physical damages, legal actions, and/or loss of reputation or business opportunities that inBalance Chiropractic and Wellness may incur as a consequence of the actions of Renter or any of Renter's guests while Renter is in control of the venue, and shall indemnify and hold harmless inBalance Chiropractic and Wellness against any and all legal actions which may arise from Renter's use of the venue.

**In witness of their understanding of and agreement to the terms and conditions herein contained, the parties affix their signature below:**

Signature of Authorized Organization Agent:

Date:

Signature of Authorized inBalance Agent:

Date: