



National Association
for Music Education

SPACE RESERVATION FORM

Scan and E-mail the completed form to Caroline Arlington, carolineA@nafme.org or
fax Attn: Caroline Arlington at 703-860-2652

1. **DATE/TIME** (please check) Thursday, 3/22/18, 7:00—8:00 AM; Thursday, 3/22/18, 7:00—9:00 PM
 Friday, 3/23/18, 7:00-8:00 AM Friday, 3/23/18, 4:00—6:00 PM Friday, 3/23/18, 7:00—9:00 PM

All requests are filled on a first come, first served basis and must adhere to the dates and within the times listed above.

2. ORGANIZATION

Organization responsible for payment: _____

Billing address: _____

City _____ State _____ Zip _____

Contact person responsible for logistics: _____

Contact Telephone: _____ E-mail: _____

3. ROOM RENTAL FEE

A *non-refundable* room rental fee payable to NAFME is due with this completed form. Please check the number of guests expected at your event. Rooms will be assigned accordingly. (*NOTE: Menus and additional pricing for food and beverage must be requested and arranged directly with the hotel's Catering Manager at the Westin Peachtree Plaza.*)

- Up to 40 guests, \$50 Up to 100 guests, \$100 Up to 200 guests, \$150

Please send your check to NAFME at the address below, or you may pay by credit card:

- Visa Card _____ Exp date _____
 MasterCard Name on card _____
 American Express
 Discover Authorized signature _____

4. TERMS

All requests are filled on a first come, first served basis. Contact person listed above will be notified of the room assignment(s) by January 31, 2018. **It is understood that a duly authorized representative of the organization sponsoring the function will be responsible for settling the account with the catering department of the assigned hotel. NAFME is not responsible for any costs associated with this function.** All *space* cancellation requests must be made in writing to NAFME by February 16, 2018.

Acceptance of Terms: _____
(Signature of contact person required)