

Holistic Health Center
4809 N Sheridan Rd Peoria IL 61614 309-685-5777

CANCELLATION & LIQUIDATION DAMAGES

1. The Holistic Health Center asks cooperation by not stapling, taping, tacking or nailing any items to the walls, floor or ceiling of the Holistic Health Center facilities unless approval is given by the Sales Office in writing. Should damage occur, the occupant client will bear all cost of repair and/or replacement. All decorations must meet with the approval of the Peoria Fire Department. The client will be responsible for all supplies needed for event. Set-up prior to the event, and clean-up after the event will be the client responsibility. All doors and windows must be locked on departure, and the garbage dropped in dumpster. The key for the event access will be available to be picked up during normal business only. The key must be returned on the next business day following the event or dropped in the locked mailbox at the patient entrance the day of the event. All attendees of the event must use the door marked seminar entrance. The event is not to exceed a maximum of 50 (fifty) people in accordance to the fire marshal's maximum capacity limitations.
2. Should merchandise or personal articles be left in the Holistic Health Center preceding, during or following the function, the Holistic Health Center will assume no responsibility for damage or loss.
3. Function space: It is agreed that in the event of a cancellation, the organization under contract shall pay to the Holistic Health Center a cancellation fee based on the following sliding scale: Cancellation Period: Cancellation Damages: Less than 3 months prior to arrival date: 50% of total revenue at the contracted anticipated revenue. 3 to 6 months prior to arrival date: 30% of total revenue at the contracted anticipated revenue. 6 to 12 months prior to arrival date: 20% of total revenue at the contracted anticipated revenue.
4. Short-term bookings (functions contracted within three months of arrival): It is agreed that in the event of a total cancellation occurring less than ten days from the day of arrival or function, the organization under contract shall pay to the Holistic Health Center an amount equal to 75% of the anticipated revenue based on contracted figures.
5. Functions booked within one year of arrival: Functions booked within the same year as the function may cancel up to three months in advance with no penalty. Cancellations occurring after the three-month-out date shall be subject to the cancellation policies set forth here-in-above (See paragraphs 3 & 4 above).
6. Deposit: A \$100.00 (one hundred dollars) deposit is required at the time of booking and is applicable to final bill. This is a non-refundable fee in the event of a total cancellation. The room rent is \$35.00 per hour.

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7. Force Majeure: The cancellation fees described in the Contract shall not be due in the event that the contracting organization cancels because of the existence during the period rooms have been booked of a Threat Condition, issued by the Attorney General of the United States in accordance with the Homeland Security Advisory System, designated as a Severe Condition/Red.
8. Final Details: All meeting arrangements must be finalized no later than three (3) weeks in advance of the event. It is vital that these Event Orders be signed and returned to the Holistic Health Center with any changes no later than 72 hours in advance of arrival. Any changes made after arrival must be discussed with a representative and may involve additional charges at the discretion of the Holistic Health Center.

SCHEDULE OF PAYMENT OF MASTER ACCOUNT

1. Full payment on Master Account is due two days prior to the event unless Direct Billing privileges have been previously approved.
2. A finance charge of 1.5% per month (18% per annum) will be added to amounts over (30) days past due. Payment will be applied against unpaid finance charges.

ACCEPTANCE By signing this agreement, the Holistic Health Center, its owners & operators shall not be held liable for failure to carry out such arrangements as mentioned which are caused by fire, strikes, acts of God, or other condition beyond reasonable control of the Holistic Health Center, its owner or operators. If the above-mentioned items & conditions & those denoted on the other pages of this agreement, along with those stated in the attached letter (if any) meet your approval, please indicate your acceptance by signing & returning the Holistic Health Center copy of this agreement along with confirmation copy of the attached letter (if any) by «ContractDue». Then this document shall constitute the full & complete binding contract and the arrangements shall be considered confirmed & definite. Failure to do so will result in function space being released and contract void.

PLEASE REVIEW THIS DOCUMENT CAREFULLY BEFORE SIGNING.

By / Title Holistic Health Center Representative

Signature _____ Date _____

Signature _____ Date _____