

## **2025 Catalina Island Visitors Guide**

## Meeting & Event Venue Guide Contract

Contract Deadline: September 20, 2024

|  |                                      | COI   | Itiact L                  | Jeaumi                      | c. Scp                      | CHIDCI                   | 20, 20                   | <b>4</b>             |  |
|--|--------------------------------------|---|---------------------------|-----------------------------|-----------------------------|--------------------------|--------------------------|----------------------|--|
| Listings in the Meeting & Event Venin the Meetings & Events section of on a first-come/first-served basis. BC Events venue map along with one in | the 2025 Visitors<br>DNUS: Each paid | Guide. Space is lim<br>Meeting & Event bu                 | ited and a<br>Isiness wil | II Meetings<br>I also recei | & Events (<br>ve a location | Guide Listi<br>on marker | ngs will be<br>on the Me | processed<br>eting & |  |
| MEETING & EVENT VENUE GUIDE INFO   | <b>O</b> (print <b>exactly</b> as    | you want it to appea                                      | ar):                      |                             |                             | No chan                  | ges from 20              | 024 Guide            |  |
| Business Name:   |                                      |   |                           | # of \$                     | Sleeping Ro                 | oms (if ava              | ilable):                 |                      |  |
| Website:   |                                      |   |                           | Inter                       | net/Wireles                 | s in Rooms:              | YES                      | □NO                  |  |
| Physical Address:  |                                      |   |                           | FREE                        | Wireless:                   | YES                      | NO                       | _                    |  |
| Mailing Address:   |                                      |   |                           |                             |                             |                          |                          |                      |  |
| Phone #:   | Fax:                                 | Ema   | il:                       |                             |                             |                          |                          |                      |  |
| Website:   |                                      |   |                           |                             |                             |                          |                          |                      |  |
|  |                                      |   |                           |                             |                             |                          |                          |                      |  |
| MEETING  | FACILITIES                           |   |                           | (capac                      | ity by set-                 | up configu               | ration)                  |                      |  |
| Room Name  | Total Sq Ft/Dime                     | ensions of Room   | Theatre                   | Classroom                   | Banquet                     | U-Shape                  | Hollow Sq                | Reception            |  |
|  |                                      |   |                           |                             |                             |                          |                          |                      |  |
|  |                                      |   |                           |                             |                             |                          |                          |                      |  |
|  |                                      |   |                           |                             |                             |                          |                          |                      |  |
|  |                                      |   |                           |                             |                             |                          |                          |                      |  |
|  |                                      |   |                           |                             |                             |                          |                          |                      |  |
|  |                                      |   |                           |                             |                             |                          |                          |                      |  |
| ON-SITE MEETING FACILITY Total Due \$490: \$   |                                      | I hereby agree to<br>indicated above,<br>and Conditions o | in the 202                | 5 Catalina                  | Island Visi                 |                          |                          | •                    |  |
| DEADLINE: September 20, 2024   |                                      | COMPANY NAME  |                           |                             |                             |                          |                          |                      |  |
| PAYMENT: CHECK CRED  | IT CARD                              | CONTACT PERSON  |                           |                             |                             |                          |                          |                      |  |
| CREDIT CARD #  |                                      | SIGNATURE   |                           |                             |                             | DA                       | ATE                      |                      |  |
| EXP. DATE 3 or 4 DIGIT   | SECURITY CODE                        | PHONE   |                           | EMAIL                       | <u> </u>                    |                          |                          |                      |  |
|  |                                      | SEND CONTRACT   | Г & РАУМЕ                 | ENT TO (ch                  | oose one):                  |                          |                          |                      |  |
| NAME ON CARD   |                                      | Email: michelle@  | lovecatali                | na.com                      | ,                           |                          |                          |                      |  |
| BILLING ADDRESS  |                                      | Mail: PO Box 217,<br>Drop: Love Catali                    |                           |                             | n Center, C                 | Green Pleas              | sure Pier                |                      |  |
| SIGNATURE  |                                      | QUESTIONS?  |                           |                             |                             |                          |                          |                      |  |
|  |                                      | Contact Michelle  | Warner: n                 | nichelle@l                  | ovecatalin                  | a.com, 310               | -510-7653                |                      |  |
| Make checks payable to: Catalina Island To<br>All payments must be received prior to prin  | -                                    | <b>DEADLINE:</b> Meeting & Event                          | Venue Co                  | ntract & pa                 | yment due                   | e by Septe               | mber 20, 2               | 024                  |  |
| TERMS & CONDITIONS: The publisher o<br>publications or damages resulting from<br>printed in the Guide in excess of the ag                        | n failure to include                 | all or any of said iter                                   | ns of adve                | rtising in th               | e Guide or f                | rom errors               | in the adve              | ertising             |  |

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| FOR OFFICE USE ONLY: Invoice #: Date Contract Rec'd: Date Payment Rec'd: |
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