

HEALING HANDS SEMINARS

MEETING ROOM RENTAL REQUEST

Please print all information

Purpose of Rental _____

Contact Name _____

Event Name _____

Email Address _____

Phone _____ Email _____

Number of Persons Expected: _____

Period of Agreement

1. Event Date(s) _____ Start Time _____ End Time _____

2. Event Date(s) _____ Start Time _____ End Time _____

3. Event Date(s) _____ Start Time _____ End Time _____

(Room Capacity: 50)

Payments

Deposit: _____ Rental Rate: _____ Date: _____

Payment: _____ Check #: _____

Credit Card # _____

Exp: _____ Code: _____

Staff Signature _____ Date: _____

Mail Check to: Healing Hands Seminars
110 N Federal Highway, Suite 204
Hallandale Beach, FL 33009

If paying with Credit Card, fax form to 954-282-4628 or email Healinghandsseminars@yahoo.com