

GROUP SALES CONTRACT

CLIENT INFORMATION

INDC
Dana Chen

Today's Date: 05/10/2017

Contract #: 502507

Phone: (202) 364-5432

Email: grd-att2@israelemb.org

EVENT INFORMATION

Name: Historic Skyscrapers
Details: Saturday, May 20, 2017 from 11:00am - 1:00pm
Begins at: 224 South Michigan Ave
Ends at: 224 South Michigan Ave
Contract Notes:

Day of tour contact: Matan Or

Phone: 971-52-9247983

For emergencies on the day of the tour only (7 days per week, 9am-5pm, call (312) 330-3432 (non-published number)).

COST AND PAYMENT INFORMATION

Summary of Charges: 30 Participant (Adult) @ \$18.00 = \$540.00

Payment Schedule: Due Dt 05/10/2017 Amt Due \$540.00

Total Due: \$540.00
Total Paid: \$0.00

OUTSTANDING BALANCE DUE: \$540.00

Payment Information:

Check Enclosed, payable to Chicago Architecture Foundation

Charge \$ 540 to: American Express Discover MasterCard Visa

Cardholder Name PAZIT A PICK

Card # 5567 0881 9504 1362 Exp. 7/18

If paying by credit card, CAF may use this credit card for deposit and balance due.

CAF may use this credit card for deposit only.

TERMS AND CONDITIONS

- All advertising for this tour must indicate that it is to be conducted by CAF docents.
- Late arrivals cannot be guaranteed.
- All CAF tours are conducted in English unless specified otherwise.
- All tours are scheduled pending docent availability.
- Interior tours are subject to building availability.
- No videography is allowed without prior consent from CAF.
- Deposit will be charged on the date your signed contract is received. The balance will be charged two weeks prior to your tour date.
- No contract changes will be made less than 14 days from the tour date.

CANCELLATION POLICY

Cancellations made at least 30 days in advance of the event will receive a full refund. Cancellations made 14 – 29 days in advance of the event will forfeit their deposit. There are no refunds for cancellations made less than 14 days in advance of the event. Any group reservation not paid in full 14 days prior to the event date may be cancelled at our sole discretion resulting in forfeiture of deposit.

CONTRACT AGREEMENT

I understand and agree to the specifics of this tour contract.

Name _____ **Defence Attaché**
Signature _____ **Embassy of Israel**
Date 5.10.17 _____ **3514 International Dr NW**
Washington D.C. 20008

Please send signed contract and payment to:

Chicago Architecture Foundation
224 South Michigan Avenue
Chicago, IL 60604
Group Sales

Phone: 312.322.1130
Fax: 312.277.1040
groupsales@architecture.org

CHICAGO ARCHITECTURE FOUNDATION

224 S. Michigan Ave. | 312.322.1130 | Chicago, Illinois 60604 | architecture.org

