

**Conference Center /Conference Room
Application**

Representative Name _____ **Title** _____

Phone () _____ **Ext.** ____ **Cell ()** _____ **Email** _____

Organization Name _____

Organization/Home Address _____ **City** _____ **St** ____ **Zip** _____

Description business meeting to be held at HUBCAP: _____

Date of Reservation: _____

Event Time: from: _____ **to:** _____ **Set-up Time:** _____ **Clean-up Complete:** _____

Total Number Expected: _____ **Public or Private Event:** _____

Will food be served? _____

Applicant would like to utilize: **Conference Center or Conference Room or Popup Store**
please circle one

I certify that the information that we have provided on this application is true and accurate to the best of my knowledge. I understand that I can be turned down if I have falsified any information on this application. I/We hereby authorize the verification of all above information by HUBCAP Wallingford including a credit report. If our plans change, we will submit a revised application accordingly.

I have read, initialed and will comply with HUBCAP Guideline and Policy Governing Use of HUBCAP Facility.

This application does not constitute a contract, lease, or rental agreement for space.

Signature of Applicant: _____ **Date:** _____

Photo ID Required

Forward ID and Completed Application to: _info@hubcapwallingford.org **OR**
128 Center St. Wallingford, CT 06492

For additional information please contact Director: info@hubcapwallingford.org