Wilton Corporate Park

Reservation Form for the Executive Dining Room at

40 Danbury Road

Company Name:

Date of Use:

Hours:

*Normal hours of operation are from Monday – Friday, 8:00 am to 5:00 pm. After hours use will require the attendance of an after hours person at an additional charge described below.*

Contact Person:

Contact’s Phone Number:

Approximate Number of Attendees:

**Catering required?** □ Yes □ No

*Note: Food and beverage service must be arranged through Corporate Dining solutions, LLC.* Please contact the cafe manager at 203.570.9164 or [Wloparco@aol.com](mailto:Wloparco@aol.com) for catering.

Insurance Certificate-required only if you are not a Tenant of Wilton Corporate Park:

*A Certificate of Insurance naming* CIG WILTON DE LLC, CIG Drwlt DE LLC, and BZT Wilton DE LLC*, Davis Marcus Partners, Inc. and Felner Corp. is required to accompany this form. The insurance requirements are: $1,000,000 commercial general liability per occurrence and excess liability umbrella form of $4,000,000 per occurrence.*

Charges: Normal business hours: for Tenants of 40 Danbury Road, there is no charge for the use of the room.

For all other Tenants of Wilton Corporate Park there is a charge to use the room. Charges are as follows: 8:00 am -12:30 pm $75; 12:30-5:00 pm $75

Charges for After Hours Use 5:00pm – 9:00pm: $75/hour

Please email this filled out form with insurance certificate, if applicable to: [Dnevins@marcuspartners.com](mailto:Dnevins@marcuspartners.com)

Please include this form along with your remittance, payable to CIG Wilton DE LLC, and send to:

Marcus Partners, 301 Merritt 7, Norwalk, CT 06851

We hereby request the use of the Executive Dining Room. In consideration for our being permitted to use the Executive Dining Room, the above named company hereby releases CIG Wilton DE LLC, Davis Marcus Partners Inc. and Felner Corp., from any liability whatsoever whether to our employees and guests or otherwise from any claims, damages or liabilities arising from or out of the use of the Executive Dining Room.

Authorized Signature Printed Name

Date