MACARTHUR
* * * PARK * * *

January 9, 2020

Rob Shannon
NBER
1050 Massachusetts Ave.
Cambridge, MA 02138

Dear Rob:

I enjoyed speaking with you and discussing the plans for your event at MacArthur Park Restaurant. As confirmation, *your event is scheduled for March 5, 2020 at 6pm with approximately 80 guests in the Veteran's Room. The Food and Beverage minimum is $2,500.00, not including service, tax, or the 3% surcharge.*

Please sign and return this letter indicating your approval of the information above along with a deposit of $750.00 by January 18, 2020 if any of the above information is incorrect, please contact me immediately at 650.321.9996, so that I can make the necessary changes. If you are unable to return this by January 18, 2020, we may not be able to guarantee the space.
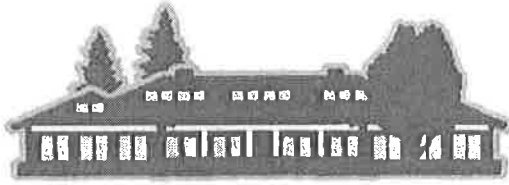
I will be sending you a more formal contract, outlining all the details of your event. This primary confirmation will reserve March 5, 2020, for your event. All outstanding food and beverage charges incurred for the event will be due and payable upon conclusion. A final guarantee of guests is due three business days prior to the event. The final bill will include a 20% service charge and applicable taxes.

Thank you for arranging your event and we look forward to welcoming you and your Guests to **MacArthur Park.**

MacArthur Park

Barbara Schroeder
Director of Banquets and Catering

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Trish Koutsulis
Catering Coordinator
Ph: 650.321.9996

MACARTHUR
PARK
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Credit Card Authorization Form

Customer Name_____Robert Shannon - NBER_____

Event Date_____ 3-5-20 _____

Charge type____Visa_____Mastercard____American Express_X____Discover

Card Acct#_____378262867884033_____

Expiration Date__09___/___23___

V-Code (CW2) __9625_____ last three digits in signature box on MC/Visa

Amex four small digits printed on the front of the card

Card Holders Info: Company Name____NBER_____

Individuals Name_____Robert Shannon_____

Billing Address_____1050 Mass Ave_____

City, State and Zip_____Cambridge, MA 02138_____

Please charge my card for this event. $___750.00_____deposit

Print Name_____Robert Shannon_____

Cardholders Signature_____

Date_____ 1-10.20 _____

Please e-mail or fax to (650) 321-1403