ATLANTIC CAPITAL INVESTORS, INC

3640 Medical Arts & Conference Center





3640 MAIN STREET, SUITE 304 Springfield, MA 01107

413-266-2655

Conference Center provides 2,500 square feet of flexible conference, seminar and meeting space.

Conveniently located in the heart of Springfield's North End Medical Community:

- 1/2 mile from Baystate Medical Center
- 1 mile from Mercy Medical Center

Multiple configurations available to accommodate:

- Business Meetings
- Training
- Recruiting
- Interviewing
- Workshops/Seminars
- Staff Meetings
- Classroom Instruction
- Board Meetings

State-of-the-Art Conference Room.



Conference Room B (1,750 sq. ft.)

Accommodates up to 100 Attendees





- High-speed WiFi Access
- Ample Parking



Conference Room Rates

Conference Room B

(Accommodates 30 - 100 Persons)

1-3 hrs (daytime): \$250.00 Full Day Rate (9:00 am-5:00 pm): \$375.00 Evening Rate (5:00 pm-10:00 pm): \$375.00

Please see attached Meeting Room Seating Configurations for illustration of various layouts. Meeting Room configuration will be in classroom style unless otherwise specified at time of reservation.

Cancellation Policy: Cancellations required 7 days prior to reservation otherwise there is a \$50.00 cancellation fee.

Deposit: \$50.00 Room B non-refundable.

Conference room must be left clean (coffee cups, papers, etc. disposed of in trash containers), otherwise an additional cleaning fee will be assessed:

Conference Room B: \$100.00

IMPORTANT NOTE:

We request that all conference room attendees park in the area of the parking lot along Main Street immediately behind the 3550 Main Street sign and walk to 3640 Main Street. Please see spaces outlined in red for parking area for the conference center. The parking areas in front of

3640 Main Street are reserved for patenant staff members.

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TO RESERVE SPACE: 413-266-2655 EMAIL: JULIE@ATLANTIC-CAPITAL-INVESTORS.NET

Reservation Request

ATLANTIC CAPITAL INVESTORS 3640 MAIN STREET, SUITE 304 SPRINGFIELD, MA 01107-1145

Date of meeting:	Duration:
Name of Organization/Group:	
Representative/Contact:	
Mailing Address:	
Telephone:	Email:
Room Requested: (Check one):	
Conference Room B (Up to	100Attendees)
Desired seating set up:	
Anticipated Attendance:	
rooms. Please select the room you will need	the room. Please fill out our form to set up reservation for the conference by the size of the party. Please also include your name and contact information time end of event, and how you want room set up.
Cancellation Policy: Cancellations recancellations and will be invoiced	equire 7 days prior notice to reservation date. Note: \$50.00 for to you and is non-refundable.
	(coffee cups, papers, etc. disposed of in trash containers), otherwise ssed. Clean up Fees: \$50.00 for Conference Room A, \$100.00 Con
Authorized Signature:	Date:
Printed Name:	

Please return request by email to Julie@Atlantic-Capital-Investors.net Confirmation of reservation will be sent by email.

MEETING ROOM CONFIGURATIONS



