Primary Contact

First Name:

Last Name:

Secondary Contact

First Name:

Last Name:

Company Name:

Address Line 1:

Address Line 2:

City:

State:

Postal Code:

Country:

Phone:

Email:

Company URL:

**Event Information**

Event Name:

Type of Event:

🗆 Conference

🗆 Expo

🗆 Corporate Event

🗆 Training/Seminar

🗆 Video Conference

🗆 Retreat

🗆 Working Luncheon

🗆 Private Special Occasion

🗆 Wedding

🗆 Reunion

🗆 Fundraiser

🗆 Retreat

🗆 Banquet

🗆 Private Party

🗆 Community Organization Gala

🗆 Social Event

🗆 Public Event

🗆 Auction

🗆 Fair

🗆 Trade Show

🗆 Craft Show

🗆 Expo

🗆 Concert

Approx. Number of Attendees:

Event Start Date & Time:

Event End Date & Time:

Approx. Time Needed for Set Up:

Dates flexible: 🗆 Yes 🗆 No

**Event Details**

Audio Visual Equipment requested:

🗆 Wireless Internet

🗆 Projector(s) & Screen(s)

🗆 Microphone(s)

🗆 Sound System

Breakout Space Needed: 🗆 Yes 🗆 No

Number of Breakout Rooms Requested: 🗆 1 🗆 2 🗆 3 🗆 4

Will you require exhibits/booths: 🗆 Yes 🗆 No

Will you require a stage: 🗆 Yes 🗆 No

Will you require a lectern: 🗆 Yes 🗆 No

 If yes, please specify quantity needed:

 🗆 1 🗆 2 🗆 3 🗆 4 🗆 5

Will you be serving food: 🗆 Yes 🗆 No

 If yes, please mark type(s) of food being offered:

🗆 O'Dourves/Dessert Table(s) 🗆 Buffett 🗆 Plated Meal

Do you wish to serve alcohol: 🗆 Yes 🗆 No

 If yes, please mark types of alcohol requested:

🗆 Beer 🗆 Wine 🗆 Liquor

 If yes, please mark type of bar operation requested:

🗆 Cash 🗆 Open 🗆 Drink Tickets/Limited Open

**Additional Comments or Questions**

Overall Budget:

Please share any additional information about your event or questions you would like addressed by our team. If appropriate, include alternate dates.

Event Goals/Vision/Special Notes: