



## EVENT PLANNING FORM

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Company/organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Date of event request: \_\_\_\_\_ Send invoice to: \_\_\_\_\_ Nonprofit tax ID #: \_\_\_\_\_

### EVENT INFORMATION

Event date: \_\_\_\_\_ Event name: \_\_\_\_\_

Arrival time (set-up): \_\_\_\_\_ Event start (guest arrival): \_\_\_\_\_ Event end time: \_\_\_\_\_

Number of estimated guests: \_\_\_\_\_ Number of confirmed guests: \_\_\_\_\_

### FOOD REQUESTS *please see menu*

Specify serving time, if applicable: \_\_\_\_\_ Linen service:  Yes  No

Dietary requests/restrictions (please describe): \_\_\_\_\_

Beverages: _____	AM Food: _____	Lunch: _____	Snack: _____	Dinner: _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### SEATING ARRANGEMENTS

- Rounds
- Conference
- U-shape
- Cleared
- Classroom
- Theater
- Circle of chairs

If other, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AUDIO VISUAL

- Computer
- Hard wire
- Microphones
- TV/VCR/DVD
- Zoom
- Easel
- Drum table
- Materials table
- Projector
- Remote
- CD player
- Webinar
- Conference phone
- Art box
- Registration table

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_