



Request for Proposal

Organization Name: _____ Contact Name: _____

Billing Address: _____ City, State, Zip: _____

Email: _____ Phone: _____

Requested Event Date(s): _____

Event Time: _____ AM/PM to _____ AM/PM

Meeting Space Requirements

Setup Type:

<input type="checkbox"/> Boardroom	<input type="checkbox"/> Classroom	<input type="checkbox"/> Theatre	<input type="checkbox"/> Banquet	<input type="checkbox"/> U-Shape	<input type="checkbox"/> Expo/Vendor
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Furnishings:

<input type="checkbox"/> Podium	<input type="checkbox"/> Registration Table	<input type="checkbox"/> Display Table	<input type="checkbox"/> Flip Chart	<input type="checkbox"/> Dry Erase Board
<input type="checkbox"/> Dance Floor	<input type="checkbox"/> Stage			

Break Services

<input type="checkbox"/> Morning Break	<input type="checkbox"/> Catered Lunch (See approved caterer menus)	<input type="checkbox"/> Afternoon Break
Will alcohol be served? (Security Required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Audio/Visual

<input type="checkbox"/> Screen	<input type="checkbox"/> Projector	<input type="checkbox"/> Laptop
<input type="checkbox"/> Handheld Microphone	<input type="checkbox"/> Lapel Microphone	<input type="checkbox"/> AV Assistance
<input type="checkbox"/> Video Conferencing	<input type="checkbox"/> Teleconferencing	

Additional Requests:

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