



# 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 <small>(See approved caterer menus)</small>	<input type="checkbox"/> Afternoon Break
Will alcohol be served? <small>(Security Required)</small>	<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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