

<b>GROUP NAME:</b>	
<b>ON-SITE CONTACT CELL PHONE:</b>	
<b>EVENT DAY/DATE:</b>	
<b>OFFICIAL NAME OF MEETING/EVENT:</b>	
<b>CLIENT ARRIVAL TIME SET-UP:</b>	
<b>START TIME of Event</b>	
<b>END TIME of Event</b>	
<b>NUMBER OF GUESTS:</b>	
<b>ROOM CONFIGURATION (SEE ATTACHED LAYOUT TEMPLATES)  (CHECK - J)</b>	<input type="checkbox"/> Theater Style <input type="checkbox"/> Classroom Style <input type="checkbox"/> Rounds /8 chairs <input type="checkbox"/> Rounds Crescent/6 chairs <input type="checkbox"/> Hollow Square <input type="checkbox"/> U-Shape <input type="checkbox"/> Head Table ___Center___Right___Left - Number of Chairs _____ <input type="checkbox"/> Material Table/s (Location required) <input type="checkbox"/> Registration Desk (Standard) - Number of Chairs _____ <input type="checkbox"/> Beverage Station (Built-in Cabinet) <input type="checkbox"/> Food Station (Built-in Cabinet and/or 2 Parallel 8ft tables) <input type="checkbox"/> Executive Lounge Add-on
<b>A/V:  (CHECK - J)</b>	<input type="checkbox"/> Built-In 116" HD Projector & Screen <input type="checkbox"/> 60" Flat Screen HD Monitor (2 max) <input type="checkbox"/> Capitol Event Center Provide Laptop <input type="checkbox"/> Client Provide own Laptop ___HDMI Input___VGA Input <input type="checkbox"/> Table Microphone/s _____ Quantity <input type="checkbox"/> Podium <input type="checkbox"/> Podium Microphone <input type="checkbox"/> Flipchart/s _____ Quantity <input type="checkbox"/> Wireless Microphone/s(hand held)_____ Quantity (2 max) <input type="checkbox"/> Lavalier Microphone <input type="checkbox"/> Power Strips (12 Plug-ins )_____ Quantity <input type="checkbox"/> Multibox (In-Room Audio Feed for Webstreaming- Video - News Outlets) <input type="checkbox"/> Wireless Internet
<b>CONFERENCE PHONE</b>	<input type="checkbox"/> Conference Call Line Dial-In Number _____ Access Codes _____
<b>CLIENT'S FOOD &amp; BEVERAGE</b>	Catering Company (Circle one): <input type="checkbox"/> AMBROSIA FINE FOODS <input type="checkbox"/> EDIBLE EVENTS <input type="checkbox"/> Oblivion Comics and Coffee (Pastries)  Delivery Time: _____ (May not be prior to CLIENT ARRIVAL TIME) Pick-up Time: _____ (Max 30 Minutes after event END TIME)  <input type="checkbox"/> In-House Coffee Service (\$5 per guest - unlimited regular coffee, decaf, tea, hot chocolate and water) <input type="checkbox"/> Chocolate Fish Coffee (\$7 per guest Served by Oblivion Comics and Coffee - unlimited coffee, decaf, tea, hot chocolate and water)

**Person requesting Capitol Event Center:** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_