

Event information

Event date:	Account Nam	e
Type of function		Total Count
Time of event	To	
Contact information		
Name of Contact		will be present Yes/No
Host of event		will be present Yes/No
Telephone number		Fax Number
Receipt requested Y	es/No	Fax itemized receipt to
Party Information		
Please circle one	Crown Room (30)	Chefs Room (14)
Audio Visual Requir	ements Screen \$25 removed Microphone \$	ntal fee LCD projector \$150 rental fee Flat screen TV \$75 rental fee
Water for the table:	San Pelligrino Sparkli	ng, Panna, Filtered Tap
Raw Bar Selections/A	Appetizers to start and	share
Shrimp Cocktail	Clams Oyste	ers Tuna Sashimi
Garlic Bread	Spinach Artichoke dip	o Calamari Crab Cake
Credit card Authoriz	zation	
•		credit card for payment of my event on I on this card if I am unable to attend this event.
Card type Visa	MC Amex	
Card Number		exp date
Name		
Address		
City	State	Zip
Signature		Date