

### CONTACT INFORMATION

TODAY'S DATE

COMPANY NAME OR CSU DEPARTMENT

CONTACT NAME OR REQUESTOR

CONTACT TITLE

DAYTIME PHONE

CELL

FAX

EMAIL ADDRESS

BUSINESS ADDRESS

CITY

STATE

ZIP

METHOD OF PAYMENT

Business Check

Money Order

Wire Transfer

CSU Account Number

### UPCOMING EVENT INFORMATION

DATE

START TIME

END TIME

TYPE OF EVENT

Meeting

Conference

Reception

Banquet

Expo

Other

EVENT NAME

FEATURED SPEAKER(S) / VIP(S)

NUMBER OF ATTENDEES

FACILITY / SPACE REQUESTED

PARKING

Client's Expense

Guest Expense

ADDITIONAL DETAILS

### ROOM SET-UP

ROOM SETUP

Theater

Hollow Square

Rounds

Classroom

Standing Reception

Other

### AUDIO VISUAL NEEDS

SOUND SYSTEM

LAPEL MIC

LCD PROJECTOR

TV

INTERNET

MARKERS/PAD

PODIUM

WIRELESS MIC

SLIDE REMOTE

DVD PLAYER

FLIP CHART

LASERS

MICROPHONE

SCREEN

CD PLAYER

STAGE

### CATERING

CATERING REQUESTED

YES

NO

SERVING ALCOHOL

YES

NO

### ADDITIONAL INFORMATION

Directions:

1. Fill out the form electronically in Acrobat Reader
2. S4ASI8585G A c. @ 2 ° a q S