

Planning Your Event

This form may be completed offline and sent to us via e-mail or fax at (212) 279-8773.

Prefix _____ Last Name * _____ First Name * _____

Company Name * _____ Position Title * _____

Company Address * _____

City * _____ State * _____ Zip Code * _____

Phone Number * _____ Extension _____ Fax Number _____ E-mail _____

Category - _____ Type of Function - _____

Date Preference For Your Event _____

Time Preference For Your Event _____

Catering Requests For Your Event

- | | |
|--|--|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Buffet Dinner |
| <input type="checkbox"/> AM Break | <input type="checkbox"/> Formal Seated Dinner |
| <input type="checkbox"/> Luncheon | <input type="checkbox"/> Beer, Wine & Soda Bar |
| <input type="checkbox"/> PM Break | <input type="checkbox"/> Non-Alcoholic Beverages |
| <input type="checkbox"/> Passed Hors d'Oeuvres | <input type="checkbox"/> Open Deluxe Premium Bar |

Additional Requests for Your Event

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Dance Floor | <input type="checkbox"/> Amusement |
| <input type="checkbox"/> Band | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> DJ | <input type="checkbox"/> Flowers |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Staging |
| <input type="checkbox"/> Decor | <input type="checkbox"/> Audio / Visual |

What spaces / venues have you contacted?

In what location(s) has this event been previously held?

What is the budget allotment?

New York City location Preference

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Eastside | <input type="checkbox"/> West side |
| <input type="checkbox"/> Uptown | <input type="checkbox"/> Midtown |
| <input type="checkbox"/> Downtown | Others _____ |

Additional Messages
