

Meeting Room Event Order

Towne Meeting I

Towne Meeting II

Organization _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Day Sun Mon Tues Wed Thurs Fri Sat

Date _____ Begin Time _____ End Time _____

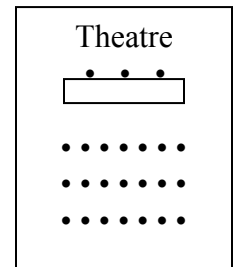
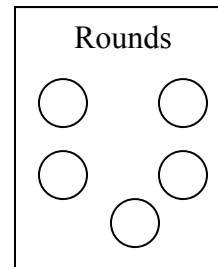
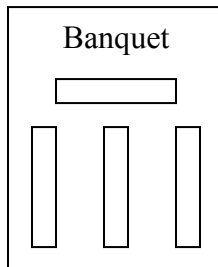
Reader Board _____ Number of People _____

(Set-up is included in the price)

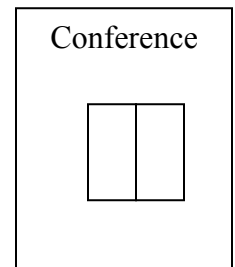
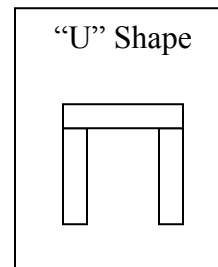
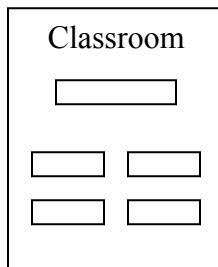
Towne Meeting One

Towne Meeting Two

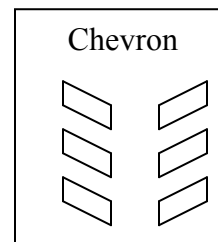
Towne Meeting I:	600 Sq. Ft.
Reception	65 max
Theatre	60 + Head
Conference	22
Classroom	24- 30 + Head
“U” Shape	24 + Head
Banquet	36 + Head
Rounds	up to 10 per table
Chevron	30- 40



Towne Meeting II:	Boardroom
Conference	16



Audio/Visual Equipment:	
TV/VCR	\$15.00
Overhead Projector	\$25.00
Flip Chart Easel	\$5.00
White Board	No Charge
Podium	No Charge
Speaker Phone	No Charge
Other	



Other Special Instructions:

Beverages

- ◇ Water
- ◇ Coffee
 - Urn
 - Carafe
 - Regular
 - Decaf
- ◇ Tea (Hot/Iced)
- ◇ Soda
- ◇ Other

+ Gratuity
\$ _____

Catering

◇ Continental Breakfast

Daily

- ◇ Sandwich Buffet _____
- ◇ Hot Lunch _____
- ◇ Break Items: _____
- _____
- _____

Serving Time: _____

Location: _____

Dining

◇ Other

+ Gratuity

\$ _____

Audio/Visual

- ◇ Overhead Projector & Screen
- ◇ TV/VCR
- ◇ White Board
- ◇ Flip Chart Easel
- ◇ Podium
- ◇ Speaker Phone
- ◇ Other

\$ _____

Total Charges: _____

Method of Payment

Cash/Check:

(Prepayment deposit of _____ received on _____)

Credit Card:

Account # _____ Expiration Date _____

Direct Bill:

(Account must be approved in advance) Billing To DB# _____

***Booking Policy: Direct bill status, prepayment, or credit card reservation is required.
 A complete refund will only be given with a seventy-two (72) hour notice of cancellation.
 Add 18% gratuity for catering.

Customer Signature

Date

Booked By

Date
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