

Banquet Event Order

Corporate Gala Dinner

Event Name	_____	BEO Number	_____
Company / Client	_____	Date	_____
Contact Person	_____	Phone / Email	_____
Event Location	_____	Expected Attendance	_____
Start Time	_____	End Time	_____

Event Schedule

Time	Activity
_____	_____
_____	_____
_____	_____

Food & Beverage

Menu	_____
Beverages	_____
Dietary Needs	_____

Setup & AV

Room Setup	_____
AV Requirements	_____
Decorations	_____

Additional Notes

Authorized Signature (Client):

Date: _____

Authorized Signature (Venue):

Date: _____

