

# 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

_____
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Authorized Signature (Client):

\_\_\_\_\_  
Date: \_\_\_\_\_

Authorized Signature (Venue):

\_\_\_\_\_  
Date: \_\_\_\_\_

