

Banquet Event Order (BEO)

Conference Catering

Event Overview

Event Name:

Client/Organization:

Contact Person:

Phone/Email:

Event Date:

Event Time:

Number of Guests:

Venue/Room:

Set-up Details

Room Set-Up:

Audio Visual:

Décor/Other Requests:

Menu Selection

Meal Period	Time	Menu Description	Notes
Breakfast			
Morning Break			
Lunch			
Afternoon Break			
Dinner			

Dietary Requirements:

Billing & Payment

Payment Method:

Billing Address:

Special Instructions:

Approval

Client Signature:

Date:

Manager Signature:

Date: