

# 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:

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**Approval**

Client Signature:

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Date:

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Manager Signature:

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Date:

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