Banquet Event Order (BEO)

Event Name:

_____

Date:

_____

Time:

_____

Client Name:

_____

Contact:

_____

Location/Room:

_____

Guest Count:

_____

Event Schedule

Time	Agenda/Activity	Location	Details
_____	_____	_____	_____
_____	_____	_____	_____

Setup Requirements

Area	Setup Style	Details
_____	_____	_____

Food & Beverage

Meal	Time	Menu/Items
_____	_____	_____
_____	_____	_____

Audio Visual/Technology

Equipment	Setup/Details
_____	_____

Notes & Instructions

[   ]

Prepared By:

Date: