## **HBBC MEETING & EVENT INFORMATION FORM**

Submit to: Cathy Eller, Welcome Desk Receptionist Date Submitted: \_

## **STEPS FOR PLANNING AN EVENT:**

<ul> <li>□ Contact Cathy Eller (celler@hbbc.org) and secure a contact Scott Arbutina (sarbutina@hbbc.org) for rooming when the doors will be opened and when they contact Danny Musten (danny@hbbc.org) for sound complete the Food Service Request/Confirmation F</li> </ul>	om set up, AC/Heating needs and will be locked. d and audio visual needs.	d security questions, includ-
Information Form.	offirm meeded, and retain with y	our Meeting and Event
EVENT NAME.	attendance expected in the space above your choice.  If other arrangements are needed, please attach a separate diagram.	
EVENT NAME:		
GROUP:		
CONTACT:		
CONTACT PH#:		
MINISTERIAL LIASON:	U-SHAPED	TABLES AND CHAIRS
DATE(s):		
DATE(s): One time meeting	_ • •	
START/END TIMES:	_	• > •</td
SPECIAL GUEST(S):		•
EVENT ACTIVITIES:		
AGE RANGE:		••
LOCATIONS:		☐ BLOCK OF TABLES
FOOD SERVICE REQUESTED: ☐ YES ☐ NO		
If yes, please complete Food Service Request Form.		• •
Cost and billing to be discussed at time of request.		
REGISTRATION DEADLINE		•     •
SEND REGISTRATION TO	_ • <b> </b> •   •	
FOLUDIAGNIT DEGLIGGES		:     :
EQUIPMENT REQUESTS	••	
MICROPHONES		• •
TV/DVD	GROUP OF ROUND	☐ THEATER OF CHAIRS
PODIUM	TABLES	
LCD PROJECTIONS  SCREEN		
<del></del>		• • • • •
A A DIVER DO A DD		• • • • •
MARKER BOARD FLIP CHART		• • • • •
		• • • • •
REGISTRATION TABLE TABLE CLOTHS		• • • • •
CIVIDTINIC		
		CLANITED THEATED
OTHER ITEMS	CIRCLE OF CHAIRS	SLANTED THEATER WITH CENTER AISLE
OTHER SUPPORT REQUESTS	• • • •	
PUBLICATIONS:	- • • • •	•••
POSTERS/PROGRAMS:   YES   NO  SPECIAL MAILINGS:	•	
EXTRA CUSTODIAL TIME (Setup/Cleanup):	•	• • • •