

THE WOLSTEIN CENTER CONFERENCE PAVILION

Booking Application

CONTACT INFORMATION

TODAY'S DATE _____

COMPANY NAME OR CSU DEPARTMENT _____

CONTACT NAME OR REQUESTOR _____

CONTACT TITLE _____

DAYTIME PHONE _____

CELL _____

FAX _____

EMAIL ADDRESS _____

BUSINESS ADDRESS _____

CITY _____

STATE _____

ZIP _____

METHOD OF PAYMENT

Business Check

Money Order

Wire Transfer

CSU Account Number

UPCOMING EVENT INFORMATION

DATE _____

START TIME _____

END TIME _____

TYPE OF EVENT

Meeting

Conference

Reception

Banquet

Expo

Other

EVENT NAME _____

FEATURED SPEAKER(S) / VIP(S) _____

NUMBER OF ATTENDEES _____

REQUESTED ROOMS _____

PARKING

Client's Expense

Guest Expense

ADDITIONAL DETAILS _____

ROOM SET-UP

ROOM SETUP

Theater

Hollow Square

Rounds

Classroom

Standing Reception

Other

AUDIO VISUAL NEEDS

____ SOUND SYSTEM

____ LAPEL MIC

____ LCD PROJECTOR

____ TV

____ INTERNET

____ MARKERS/ PAD

____ PODIUM

____ WIRELESS MIC

____ SLIDE REMOTE

____ DVD PLAYER

____ FLIP CHART

____ EASELS

____ MICROPHONE

____ SCREEN

____ CD PLAYER

____ STAGE

CATERING NEEDS

____ CONTINENTAL
BREAKFAST

____ AM BREAK

____ PLATED LUNCH

____ HORS D' OEUVRES

____ NON-ALCOHOLIC
BEVERAGE STATION

____ CENTERPIECES

____ FULL BREAKFAST

____ PM BREAK

____ BUFFET LUNCH

____ OPEN BAR

____ CARVING STATION

____ LINEN

____ BEVERAGE
SERVICE

____ BOX LUNCH

____ PLATED DINNER

____ CASH BAR

____ NO CATERING
NEEDS

____ CHINA

____ FLOWERS

ADDITIONAL DETAILS _____

Directions:

1. Fill out the form electronically in Acrobat Reader
2. Save the file: Go to File/Save As within the top menu bar of Acrobat Reader
3. After saving, please email it to Courtney Fidler at c.fidler@csuohio.edu
4. Or print and fax to 216.687.5450

