



Customer Information Form

Dept. of Event & Conference Management

Please provide the following information to assist us with planning your event. If you have any questions, please don't hesitate to contact your event coordinator or call us at (203) - 837- 8343.

CONTACT INFORMATION FOR SPONSORING ORGANIZATION (if applicable)

ORGANIZATION NAME: _____

STREET ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP CODE:** _____

WEBSITE: _____

TYPE OF BUSINESS STRUCTURE:

- Limited Liability Company (LLC)
- Corporation
- Sole Proprietorship
- General or Limited Partnership
- Non Profit
- N/A (*individual*)

TAX REGISTRATION NUMBER: _____

CONTACT INFORMATION FOR EVENT REPRESENTATIVE

FIRST NAME: _____ **LAST NAME:** _____

POSITION/TITLE: _____

PHONE NUMBER (office): (____) _____ - _____

PHONE NUMBER (cell): (____) _____ - _____ **FAX NUMBER:** (____) _____ - _____

EMAIL ADDRESS: _____

Mailing Address (if different than above)

STREET ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP CODE:** _____

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EVENT INFORMATION

NAME OF EVENT: _____

TYPE OF EVENT:

- Educational/Sports Camp
- Meeting
- Concert/Performance
- Conference
- Vendor Exhibition/Showcase
- Seminar
- Private Event
- Other _____

ANTICIPATED ATTENDANCE: _____

WILL THIS EVENT BE TICKETED? yes no undecided

WILL THIS EVENT INCLUDE FOOD AND/OR BEVERAGE? yes no undecided

REQUESTED DATE(S): _____

REQUESTED TIME(S): _____

BRIEF DESCRIPTION OF EVENT:
