

Cathedral Square Conference Center Event Planning Form

Please complete the following form and return to ccastano@grdiocese.org

Date form is sub	omitted					
Contact Person	Name					
Contact Email				Contact Phone # o	r Extension	
Name of Event						
(Digital Monitor						
Sponsor of Even	t					
Event Date/s				_		
Set-up Time				_		
Start Time						
End Time				_		
(Digital Monitors	s in Lobby w	ill list Start an	d End times r	equested here)		
Number of Antic	ipated Partic	cipants				
Single Room Req	uest/s					
Room A	Room B	Room C	Room D	Room E	Other _	
Combined Room	n Request/s					
Room A/B/C	Room A (w	y/Wall) and B/C	Room B/C	Room D/E	Receptio	on Lobby (2nd Floor)

Room Set-up							
• Banque	• Banquet Style Rounds Classroom Style		Board Style (Square, U Shape)				
Classro			Pods of Other				
Additional Set-	up needs						
Registration table		Material table			Food/Beverage Table		
Other							
Diocesan Appro	ved Caterer &	Food setup (Con	ference Center I	nformation)			
Four Chefs Catering	Applause	Distinctive	Talavera	The Catering Company/ Above & Beyond	Apple Spice		
Buffet	Plated Meal	Appetizers	Snacks only	Dessert only	Other		
Alcohol served?	Yes	No					
•	quor licenses mus			eau-list/lcc/faq/spe	ecial-licenses. Center Director at least one		
The State requires	s a minimum of 1	10 days to process a	and fulfill applicat	ions.			
A/V Equipment	Needs: P	odium Mic	Projector & S	Screen Cam	era Kit		
Podium							
Wireless 1	Lapel Mic		(Please indicate nu	ımber of wireless mic	es needed)		
Wireless 1	Handheld Mic		(Please indicate nu	ımber of wireless mic	es needed)		
Additional Equi	pment needs:						
Whiteboar	rd Wir	eless presenter re	emote O	Other			
Computer	(Preferred tha	t each group brin	g/use their own o	computer if possil	ole)		
Assistive lister	ning devices ((6 sets) Ho	w many?	\mathbf{O}_{1}	pt-out		

Listening assistance is available for all meetings/events. If your meeting is confidential in nature. Please check the opt-out box.