



# CLIENT SPECIFICATION FORM

Client/Group Name \_\_\_\_\_ Proposed Event Day(s) & Date(s) \_\_\_\_\_  
 On- Site Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

\*\*Please answer the questions below about your Event

Official Name of Meeting/Event \_\_\_\_\_ Client Arrival/ Set Up Time \_\_\_\_\_

**START TIME** \_\_\_\_\_ **END TIME** (including clean-up) \_\_\_\_\_

Number of total Guest \_\_\_\_\_

**Room Configuration**

(Standard Layouts are not to scale. Blank layouts sheets and linen pricing are available upon request.)

Room Layout	Total Seats	Head Table	Yes	No	Center	Right	Left	# of Seats
Theater Seating	_____	Materials Table	Yes	No	How Many? _____			_____
Classroom Seating	_____	Registration Desk	Yes	No	Number of Chairs _____			
Rounds of 8-10	_____	Buffet Tables	Yes	No				
Rounds of 6-8	_____	Coffee Service*	Yes	No				
Hollow Square	_____	Catering Kitchen*	Yes	No				
U-Shape	_____	Security Personnel*	Yes	No				
		Onsite Childcare Referral*	Yes	No	Executive Lounge*		Yes	No

**Audio Visual Needs\***

A/V Packages:	The Standard	The Standard+	The Instructor	The Board Meeting
4K 116" Rear Projector & Screen				Power Strip (12 Plug-in) _____ Quantity
Flat Screen 4K Monitor _____ Quantity				Wireless Internet
Capitol Event Center Laptop				Podium
Client Provided Laptop (HDMI required)				Flip Chart _____ Quantity
Table Microphones _____ Quantity				Multi-Box (Audio-Web streaming-News Outlets)
Podium Microphone				Conference Phone Line
Wireless Microphone _____ Quantity				On-Site AV Specialist
Lavaliere Microphone _____ Quantity				Event Coordinator
Staffing/Referral For Hybrid Meeting				Linens _____ Color _____ Fabric

Additional Requests: \_\_\_\_\_

\*Additional Fee Will be Applied

Authorized Person Requesting Reservation

(Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_