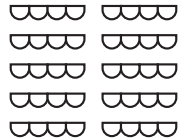
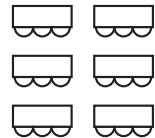
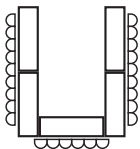
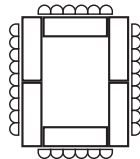
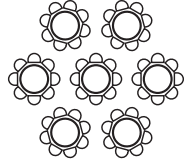




General Information

Event Title					
Date(s)					
Type				Number of Attendees expected	
Pre-event	Start Time	End Time			
Event	Start Time	End Time		Desired Venue	
Recurring Event	<input type="checkbox"/> Weekly <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Monthly (specify) <input type="checkbox"/> Other (specify)				
Organization					<input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit
Contact Person					
Phone				Email	
Address	Street	City		State	Zip
Will attendees be charged an admission fee for this event? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Room Configuration

 <input type="checkbox"/> Theater Style	 <input type="checkbox"/> Classroom	 <input type="checkbox"/> U-Shape	 <input type="checkbox"/> Hollow Square	 <input type="checkbox"/> Banquet/Rounds
<input type="checkbox"/> Registration Table <input type="checkbox"/> Head Table <input type="checkbox"/> Cocktail Tables	<input type="checkbox"/> Flip Chart <input type="checkbox"/> Fixed White Board	Will you need custodial assistance on-site during your event? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*additional fees may apply</i>		

IT-AV Services

Will you need IT-AV assistance on-site during your event? Yes No **additional fees may apply*

IT-AV Requests:

Community Calendar Requests

Would you like for this event to be displayed on the Northwest Florida State College Community Events Calendar? Yes No

Will this event be open to the public? Yes No

Please provide a brief description of your event:

Website / How to Register:

Catering Services	For Internal Use Only
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Catering Requests should be made via the separate catering request form. Please note that supplying food and beverage from an outside source is prohibited.	<table border="1" style="width: 100%;"> <tr> <td>Date Received</td> <td></td> </tr> <tr> <td>Reference #</td> <td></td> </tr> <tr> <td>Invoice #</td> <td></td> </tr> </table>	Date Received		Reference #		Invoice #	
Date Received							
Reference #							
Invoice #							



Aladdin Catering Request

FOOD MANAGEMENT SERVICES, LLC

We suggest placing your order a minimum of seven business days (Monday-Friday) prior to the event to assure an appropriate lead time for ordering, preparing and staffing. We continually strive to provide the best services and will accommodate special requests whenever possible. All prices and menu selections are subject to change without notice.

I have read all of the policies in the Aladdin Policy & Procedure Guide. Today's Date _____

Your Information

Contact Name _____

Address _____

Phone Number _____ Contact Email _____

Is your organization tax exempt? Yes No *(Please provide your tax exempt certificate when submitting this form.)*

Your Event

Event Name _____

Event Location _____

Event Date _____

Event Start Time _____ Event End Time _____

Number of Guests _____

Type of Service: Buffet Preset Served Reception

Tableware: China Plastic

Linens: Round Table Rectangular Table Napkins

Please indicate your menu selection(s) and quantities.

(Please refer to our Catering Guide for available selections and more information.)

AM Service – Time Served _____

Break – Time Served _____

PM Service – Time Served _____