CONTACT INFORMATION
Org./Dept. Name: ________________________________________________________________
Contact/N&B Name: ____________________________
Contact/N&B Phone #: ____________________________
Onsite Contact: ________________________________
Onsite Contact Phone #: _________________________
If different from above

EVENT INFORMATION
Event Title: ____________________________________________________________
Event Date(s): __________________________________________________________
Event Time: ________ am / ________ pm ________ am / ________ pm
**NOTE: This is the actual time of your event and does not include set-up time**  Customer setup time must be scheduled ahead of time in EMS

EVENT DETAILS
Additional Equipment: Please indicate on the diagram where you would like the equipment placed

___ 6’ Tables (max 2)  ___ Easel (max 4)
___ Flip Charts (max 4)  ___ Pad/Markers (max 5)

Create Your Own: Please indicate on the diagram where you would like the equipment placed

___ 6’ Tables (max 18)  ___ 4’ Round Tables (max 10)
___ Chairs (max 112)

Notes: ______________________________________

Additional Equipment: Please indicate on the diagram where you would like the equipment placed

___ 6’ Tables (max 2)  ___ Easel (max 4)
___ Flip Charts (max 4)  ___ Pad/Markers (max 5)

Create Your Own: Please indicate on the diagram where you would like the equipment placed

___ 6’ Tables (max 18)  ___ 4’ Round Tables (max 10)
___ Chairs (max 112)

Notes: ______________________________________

Madison Union Operations Use Only:
Ref#: __________________ DATE REC: ____________ INT: ____________ BM’s Approval: __________________
Additional Customer Setup Time: START ____________ END ____________
Details For Setup (early arrival): ____________________________________________