



Special Events Application

Contact Information

Event Title: _____ Date(s): _____
 Event Type: _____ Guest#: _____
 Organization Name: _____
 Address (street/city/state/zip): _____
 Event Contact Name(s): _____
 Phone: _____ Cell: _____ Email: _____

Venue Space Information

Museum: Lobby Galleries _____ Auditorium Sec of State Rotunda
 Courtyard: Main Courtyard O St. gate access 11th St. gate access
 Meeting Rooms: Docent room Conference Room Multipurpose Room
 Set Up Needs (table/chairs): _____
 AV Needs: _____
 Special Needs: _____
 Press/Marketing: Yes No Contact: _____

Event Details

Schedule Vendors *please check if using, list name and phone number if known.*

Set Up: _____ Caterer: _____
 Guest Arrival: _____ Music: _____
 Program Start: _____ Flowers: _____
 End: _____ Linens: _____
 Break Down: _____ AV / Tech: _____
Breakdown of event must be completed by midnight Other: _____

FOR MUSEUM USE ONLY

Staff: <input type="checkbox"/> _____	Catering: <input type="checkbox"/> approved <input type="checkbox"/> w/t _____
Security: <input type="checkbox"/> _____	Contractor: <input type="checkbox"/> approved <input type="checkbox"/> w/t _____
Access: <input type="checkbox"/> _____	Deliveries: <input type="checkbox"/> _____
Press: <input type="checkbox"/> Yes <input type="checkbox"/> No Mktg: <input type="checkbox"/> Approved	Audience: _____ Private <input type="checkbox"/> Public <input type="checkbox"/>
Permits <input type="checkbox"/> _____	VIPs: <input type="checkbox"/> _____
Parking: <input type="checkbox"/> N/A <input type="checkbox"/> LOB <input type="checkbox"/> Overflow <input type="checkbox"/> Other	Special Needs: <input type="checkbox"/> _____
DGS: <input type="checkbox"/> Air <input type="checkbox"/> Lights <input type="checkbox"/> Cleaning	Other: _____