REGISTRATION FORM This form must be submitted with the Application for Permit and signed Agreement of Compliance in order to make your application complete.			
Event Planning Contact Name:	Title:	Phone:	
Organization:	Email:	Fax:	
Address:			
	e enter required codes. OAKS Dept. Code:	ORIGIN Code:	
Billing information same as above Bi	illing Name:	Title:	
Billing Organization:	Billing Email:	Billing Phone:	
Billing Address:			
Date of Event:1	Nature of Event:		
Space you would like to use:	Number of gue	ests expected to attend:	
Would you like guided tours of Statehouse? Yes / No If yes, preferred time:			
Will you need catering services? Yes / No Do you plan to serve alcohol? Yes / No			
PLEASE INDICATE THE CATERER YOU PLAN TO UTILIZE: Milo's Catering and Banquet Services The Berwick Catering Cameron Mitchell Premier Events City Barbeque			
L.A. Catering Metro Cuisine Cater	ring & Special Events Spagio Catering	Two Caterers	
Will you have OUTSIDE ENTERTAINMENT, including DJ or band? Yes / No			
		Phone:	
All hired or donated entertainment is	s subject to 20% facility fee.		
intended to allow the	the number of each of the equipment items CSRAB Special Events Office to begin to pla not be required until two (2) weeks prior to y	an your event.	

PACKAGES:

Press conference packages are available; please, contact the CSRAB Office of Special Events for package details and pricing information.

ITEMIZED EQUIPMENT: May not be used if you are selecting a package.

OUTDOOR SOUND SYSTEM: SMALLLARGE		
INDOOR SOUND SYSTEM	6x8 SCREEN & PROJECTOR (rear projection)	
60" ROUND TABLE	PIPE & DRAPE Blue Black	
8 FT. TABLE 6 FT. TABLE	COAT RACKS	
30" CABARET TABLES Seated Elbow	42" FLAT SCREEN MONITOR	
CHAIRS, GRAY WHITE PADDED	60" FLAT SCREEN MONITOR	
RISERS (4x8)	MULT BOX	
CHOIR RISERS	KEYBOARD	
EASELS	CD AUDIO PLAYER DVD PLAYER	
PODIUM WITH MIC Handheld	TELEPHONE CONFERENCING	
MICROPHONES: LapelWiredWireless		