



# Event Application



## CLIENT INFORMATION:

Name/Title: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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Business Reference #1 (Name/Email, Telephone Number: \_\_\_\_\_

\_\_\_\_\_

Business Reference #2 (Name/Email, Telephone Number: \_\_\_\_\_

\_\_\_\_\_

Business Reference #3 (Name/Email, Telephone Number: \_\_\_\_\_

\_\_\_\_\_

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## EVENT INFORMATION:

Event Name: \_\_\_\_\_

Event Description: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Last Event Held (Name/Location/Date: \_\_\_\_\_

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## EVENT SERVICES NEEDED:

Food and Beverage Services:

Breakfast

Lunch

Dinner

Reception

Specifics: \_\_\_\_\_

Audio Visual:

Podium with Microphone

Projector & Screen

Specifics: \_\_\_\_\_

Additional Services:

Phone & Internet

Water & Drain

Power

Exhibitor Services

Security

Ticketing

Specifics: \_\_\_\_\_

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## EVENT SCHEDULE:

Requested Facility/Space: \_\_\_\_\_

Move In Date(s) and Time(s): \_\_\_\_\_

Event Date(s) and Time(s): \_\_\_\_\_

Seating Style: \_\_\_\_\_ Expected Attendance (daily): \_\_\_\_\_ Ticketed: \_\_\_\_\_

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## AUTHORIZED SIGNATURE:

Signing below indicates that the applicant is aware that TCC may contact business references. This is only an application, this is not a contract for the requested facility or space.

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date