bewc
BETHEL EMPOWERMENT AND WELLNESS CENTER

Meetings and Events Request Form

Contact Information	
First Name:	Last Name:
Phone Number:	Email Address:
Organization Name:	

Billing Information
Billing Entity:

Event Details	
Description of Event:	
Date of Event:	Start Time:
Target Number of Attendees:	End Time:
Event Type:	Event Set Up Time:
Chosen Event Area: ❑ Conference Room ❑ Empowerment Hall	Event Break Down Time:

Event Logistics		
Is your event's organization a Non-Profit or Government Agency?	❑ Yes	❑ No
Will there be food catered?	❑ Yes	❑ No

Event Equipment		
Audio/Visual Equipment Needed? *(Check all that apply)*	❑ Yes	❑ No
	❑ Projector ❑ Podium ❑ Screen ❑ Speakers	
Microphone Needed? (Maximum 4)	❑ Yes	❑ No
If so, which type?	❑ Wireless Handheld	❑ Podium Microphone
Table and Chairs Needed?	❑ Yes	❑ No
If so, how many of each?	Chairs (maximum 100):	Tables (maximum 12):

Event Personnel		
Do you need Event Setup and Breakdown Services? (Minium 4 Hrs.)	❑ Yes	❑ No
Do you need Event Cleaning Services? (Min. 4 Hrs.)	❑ Yes	❑ No

To confirm your booking, please sign below and return it to event staff at *info@bethelempowermentcenter.com*

_____ _____

Signature Date