



University of Arizona Student Union Memorial Center Catering Inquiry Form

INQUIRY COMPLETED BY	DATE	TIME
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CLIENT INFORMATION

DEPARTMENT/ORGANIZATION
CONTACT NAME
CONTACT PHONE NUMBER
CONTACT EMAIL

EVENT INFORMATION

TITLE OF EVENT	# OF ATTENDEES	FOOD AND BEVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO
EVENT TYPE <input type="checkbox"/> LINEN ONLY <input type="checkbox"/> PICK-UP <input type="checkbox"/> DELIVERY ONLY <input type="checkbox"/> BOXED MEAL <input type="checkbox"/> BUFFET MEAL <input type="checkbox"/> PLATED MEAL <input type="checkbox"/> LIGHT RECEPTION <input type="checkbox"/> HEAVY RECEPTION		
MEAL TYPE <input type="checkbox"/> BREAKFAST <input type="checkbox"/> AM BREAK <input type="checkbox"/> LUNCH <input type="checkbox"/> PM BREAK <input type="checkbox"/> DINNER <input type="checkbox"/> RECEPTION <input type="checkbox"/> OTHER (LIST HERE)		
SERVICEWARE SELECTION <input type="checkbox"/> PLASTIC <input type="checkbox"/> CHINA (add \$3/person for events outside of Student Union) <input type="checkbox"/> COMPOSTABLE (add \$2/person) <input type="checkbox"/> OTHER (LIST HERE)		
EVENT LOCATION <input type="checkbox"/> STUDENT UNION <input type="checkbox"/> ON-CAMPUS <input type="checkbox"/> OFF-CAMPUS	EVENT SETUP TIME (IF NEEDED)	
ROOM NUMBER/NAME	EVENT START TIME	
ADDRESS	FOOD AND BEVERAGE START TIME	
CITY	EVENT END TIME	
STATE	ZIP	SPECIAL TIMING NOTES
SPECIAL LOCATION NOTES		
REQUESTED FOOD ITEMS		
REQUESTED BEVERAGE ITEMS		
ADDITIONAL LINENS NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	LINEN COLOR	
ALLERGY AND/OR DIETARY RESTRICTIONS (LIST HERE IF APPLICABLE) <input type="checkbox"/> YES <input type="checkbox"/> NO		
VIP GUESTS (LIST HERE IF APPLICABLE) <input type="checkbox"/> YES <input type="checkbox"/> NO		

EVENT SETUP INFORMATION

<input type="checkbox"/> CONFERENCE	<input type="checkbox"/> THEATER	<input type="checkbox"/> RECEPTION	<input type="checkbox"/> CLASSROOM	<input type="checkbox"/> BANQUET ROUNDS	<input type="checkbox"/> U-SHAPE	<input type="checkbox"/> HOLLOW SQUARE
<input type="checkbox"/> CRESCENT ROUNDS	<input type="checkbox"/> EXISTING	<input type="checkbox"/> OTHER (LIST HERE)				

AUDIOVISUAL INFORMATION

<input type="checkbox"/> PROJECTOR & SCREEN \$90 - \$295	<input type="checkbox"/> SCREEN ONLY (CLIENT BRINGING OWN PROJECTOR) - No Charge	<input type="checkbox"/> LAPTOP \$175	<input type="checkbox"/> PODIUM No Charge	<input type="checkbox"/> MICROPHONE \$25
ADDITIONAL AUDIOVISUAL NEEDS				

BILLING INFORMATION

PAYMENT TYPE <input type="checkbox"/> UACCESS <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CASH <input type="checkbox"/> CHECK		SPECIAL PAYMENT ARRANGEMENT (LIST HERE)
DEPARTMENT/ORGANIZATION		CONTACT NAME
ADDRESS		CONTACT PHONE NUMBER
CITY		CONTACT EMAIL
STATE	ZIP	ACCOUNT NUMBER AND SUB ACCOUNT NUMBER