

Event Title: _____

Client name: _____

Address: _____

Main Contact name: _____

Telephone number: _____

Fax number: _____

Cell number: _____

E-mail address: _____

Event Type: _____

Event Date/Time/Duration: _____

Location: _____

Estimated Attendance and some details: (breakdown regarding kids, older folks, big eaters, big drinkers, etc.)

Food Allergies and Other Restrictions (kosher, vegetarian, etc., please be specific!)

General Budget Range: \$ _____ to \$ _____.

What Elements have already been taken care of?

What restaurants do you typically visit?

(fine dining, casual, take out??)

Favorite Types of Cuisine? (Asian , Latin,etc)

What are the 3 most important parts of the dining experience for you? (service, presentation, flavor, etc)

Please rate the level of importance in the following categories for your event: (circle one)

1 2 3 4 5 Organic/ Otherwise Certified ingredients

1 2 3 4 5 Local/ Regional Ingredients

1 2 3 4 5 Environmentally Sustainable Ingredients

1 2 3 4 5 Artisen Ingredients

1 2 3 4 5 Budget

1 2 3 4 5 Level of Service

1 2 3 4 5 Creativity