

GAB CC Request for Quote (RFQ)

Contact Name: _____
Contact Phone: _____
Contact E-mail: _____

Event Name: _____

Event Date: _____

How many will attend? _____

Estimated Budget: _____

Will you need: Food and Beverages? _____

 If yes, what type? _____

 Audio Visual Equipment? _____

 If yes, what type? _____

 Tables? _____

 If Yes, what type and how many? _____

 Chairs? _____ How Many? _____

Additional Comments: _____

Fax this completed form to (972) 436-7373 or send via e-mail to gabconferencecenter@yahoo.com.