

Event Details

To ensure we have the most up-to-date and accurate information regarding your upcoming event at the Charles F. Knight Executive Education Center, please fill in the information requested below, and fax to 314-933-9487 as soon as possible. We appreciate your cooperation, and look forward to hosting your event.

1. Name: _____ Phone Number: _____

2. Event Title *(as it should appear on our marquis)*: _____

3. Date(s) of Event: _____

4. Please attach an agenda for the conference, including meetings and meal times.

5. Method of payment. *(If you are tax exempt, please include a copy of your exemption verification.)*

___ **Credit Card** *(circle card type)*: VISA MASTERCARD AMERICAN EXPRESS DISCOVER DINERS CLUB

Account Number: _____ Expiration Date: _____
(Please include with your fax, a copy of the front and back of the credit card.)

___ **Purchase Order** Number: _____
(Once completed, please forward a copy of the purchase order.)

___ **Direct Bill**

6. How many overnight guests do you anticipate? _____

Will the guests be: ___ Master Billed (___ Room Only or ___ Room and Incidentals)

___ Paying Individually

7. How many day guests will you have *(guests not staying overnight at the hotel)?* _____

8. Who will be the on-site contact and/or meeting/event facilitator? _____

What is their phone number? _____ Email Address: _____

9. Please list name(s) of persons who are authorized to sign for additional charges *(i.e. business center charges, additional A/V services, special events, etc.)*:

10. What are your Audio Visual needs? _____

11. On a separate piece of paper, please list all special functions you would like to include in addition to your Complete Meeting Package (CMP) or Day Meeting Package (DMP) *(reception, welcome or closing dinner)*.

