

ROOFTOP AMENITIES: MEETINGS

Booking Request Form

Email To: service@quadrealconnect.com



Company Name: _____

Contact Name: _____ Today's Date: _____

Phone : _____

Email: _____

ROOM REQUIREMENTS

Room: _____ Date Required: _____

Time Required: _____ # of People: _____

Set-up: (circle one) U-shape Classroom Boardroom
Other (specify) _____

Details: _____

AUDIO VISUAL REQUIREMENTS

Please circle the equipment you require:

Teleconferencing phones Wireless mike system