



YOUR BUSINESS CONNECTION

Brookfield Area Meeting Space Form

Company Name _____

Primary Contact Name:

Phone Number _____ Email _____

Type of Space _____

Can space be reconfigured? Yes No If yes, please indicate in which styles

Auditorium Banquet Classroom

U-Shape Conference

Number of People Room Can Accommodate _____

Is AV equipment and/or connections available? If so, please list:

Conference room availability:

Days of the Week: M T W TH F SAT SUN

Time of Day: AM PM Any

Room Cost _____

Food & Beverage Minimum (If applicable) _____

Food Service (If applicable) _____

Are you interested in offering a discount to Chamber Members only? _____

Additional information _____