MEETING REQUEST FORM

For any inquiries or to order catering for your meeting room or pod, please complete the form below and send it to the following contacts at the Fontainebleau Las Vegas: Jordi.Becerra@FBLasVegas.com, Lele.Cruz@FBLasVegas.com.

MEETING INFORMATIOn

|  |  |
| --- | --- |
| MAIN CONFERENCE NAME:  | MWC25 Las Vegas |
| AFFILIATE MEETING NAME: | Enter your company name. |
| AFFILIATE MEETING DATE: | Click or tap to enter a date. |
| AFFILIATE MEETING TIME (Start & End): | Click or tap here to enter the time. |
| NUMBER OF ATTENDEES: | Click or tap here to enter quantity. |
| ASSIGNED MEETING ROOM: | Click or tap here to enter location. |

ONSITE CONTACT INFORMATIOn

|  |  |
| --- | --- |
| ONSITE CONTACT NAME: | Click or tap here to enter text. |
| ONSITE CONTACT PHONE NUMBER: | Click or tap here to enter text. |
| ONSITE CONTACT EMAIL: | Click or tap here to enter text. |
| EVENT MANAGER: | Jordi Becerra, Lele Cruz |

FOOD & Beverage REQUIREMENTS

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| *All menus are designed for a minimum of fifteen (15) or more guests.**Crafted for a maximum of 2 hours of service. Prepared for the full guest guarantee.* |

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| BREAKFAST | Click or tap here to enter text. |
|  |  |
| Start Time: |  | End Time: |  |

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| --- | --- |
| LUNCH | Click or tap here to enter text. |
|  |  |
| Start Time: |  | End Time: |  |

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| --- | --- |
| DINNER/RECEPTION | Click or tap here to enter text. |
|  |  |
| Start Time: |  | End Time: |  |

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| BREAKS | Click or tap here to enter text. |
|  |  |
| Start Time: |  | End Time: |  |

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| DIETARY RESTRICTIONS (Include guest name & food allergy): |

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| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |