

Arnold & Porter

Special Event Form - DC

Room Requested	
Full Name of the Event	
Date of the Event	
Time of Event	
Attorney's Name	
Client Name	
Client Matter/Charge Number	
Number of Attendees	
Primary AP Contact	
AP attorney speaking or participating in event (Y/N)	
AP Attorney Attending the event (Y/N)	
Food Set-up (Y/N)	
Drinks set-up (Y/N)	
Charges for catering services - Internal or External invoicing? (Please provide name, address, email, and phone number, if external)	
IT Equipment Needed (Y/N) Please Specify	
Lobby Registration for more than 10 external guests (Y/N)	
Registration Table Contact/AP employee needed in lobby till all guests arrive	
Is signage needed? Please confirm verbiage. Where would you like signage to be placed?	
West Elevator Service (Y/N) If yes, please provide start and end times	
Unlock Elevator Lobby Doors (Y/N) If yes, please provide start and end times	
Event Day AP Contact to Greet Organization Contact	
Will a photographer/videographer attend the event? (Y/N)	
Internal Meeting (Y/N)	
Guest List (must be provided 48 hours in advance)	
Client Meeting (Y/N)	
Security detail, please provide detailed information	
Business Development (Y/N)	
Client wanting to use our space (Y/N)	
Outside Organization wanting to use our space through an AP relationship (Y/N)	

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Is parking being validated for this event? (Y/N)
Monday - Friday only
Parking Validations for 10+ ppl require approval
Please indicate total number needed on form

Please use the event name, date and time in the
subject of the email.
You can download this form and submit directly from
your computer.