

Arnold & Porter

Special Event Form - NY

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)	
Room/seating configuration. Please specify.	
IT Equipment Needed (Y/N) If so, please specify.	
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?	
Unlock 3rd floors Terrace doors (Y/N) If yes, please provide start and end times.	
Unlock Elevator 3rd or 4th floor doors (Y/N) If yes, please provide start and end times.	
Event Day AP Contact to Greet Organization Contact	
Will a photographer 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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Additional Comments/Notes

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.