



## Pharmaceutical Seminar Questionnaire

### Contact Information

#### Pharmaceutical

##### **Company :**

Representative: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

#### **Booking**

##### **Contact:**

Contact: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

#### **Additional**

##### **Contact:**

Contact: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

#### **Contact Responsible**

##### **for Payment:**

\_\_\_\_\_  
\_\_\_\_\_

### Event Information

*\*Epic Restaurant hosts "The Library," our private dining room that offers two ala carte menu options at a fixed cost per person.*

#### **A/V Equipment Rental (Check is applicable):**

LCD Projector \$95

PA System \$200

Other

Screen \$65

Microphone (Only Available with PA System) \$25

#### **Budget Maximum for Food & Beverage:**

\$ \_\_\_\_\_

#### **Date Requested:**

\_\_\_\_\_

#### **Expected Guest Count:**

\_\_\_\_\_

#### **Requested Beverage Service & Regulations:**

Average \$6.00 per glass of wine & \$16.50 per bottle of wine



## Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.  
All information will remain confidential.

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize \_\_\_\_\_ to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_