



# Brookfield Area Meeting Space Form

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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? Yes No

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 \_\_\_\_\_

**Signature and Date** \_\_\_\_\_

**\*Please email to [bcc@brookfieldchamber.com](mailto:bcc@brookfieldchamber.com). We will contact you once the information you have provided in the above form is reviewed.**