

EVENT REQUEST FORM

EVENT INFORMATION

Client: _____

Event: _____ Event Dates: _____

Location (City, State, Zip): _____ Telephone: _____

Chair Set-Up Location: _____

EVENT DATES

Ship Date: _____

Delivery Date: _____ Time: _____

Pick-Up Date: _____ Time: _____

SETUP	From Date: _____	Time: _____
	Thru Date: _____	Time: _____
EVENT	From Date: _____	Time: _____
	Thru Date: _____	Time: _____
DISMANTLE	From Date: _____	Time: _____
	Thru Date: _____	Time: _____

RATES, CHAIR LAYOUT & QUANTITY

Quantity (1-100): _____

Chair Layout: 10 Chairs 10A 10B 10C 10D 20 Chairs 20A 20B 20C 20D

30 Chairs 30A 30B 30C 40 Chairs 40A 40B 40C

50 Chairs 50A 50B 50C 88A 100A

Custom Layout: _____

FLAT RATES for 1-30 Chairs are available

*Includes "Red Chair Event" Banner in a retractable stand.

**All rates include set-up & delivery for 1-30 chairs within the state of CT

**For requests larger than 30 chairs please contact SD&D Inc.