

## Events Enquiry Form

Name

Position

Company

Contact Details

## Event Details

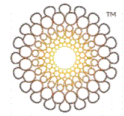
Event Name

Event Topic / Theme

Event Type

Event Brief

Event Official Organizer



Events Dates and Timings

	START	END
Option 1:	<input type="text"/>	

	START	END
Option 2:	<input type="text"/>	
	<input type="text"/>	

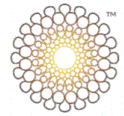
No. Of Attendees

Seating / Standing

Any preference Indoor/Outdoor

Any preference Cuisine

Food & Beverage Requirements



Budget

Payment Link

Invoice

(Valid for government entities only)

Please share completed form with [restaurantevents@expo2020.ae](mailto:restaurantevents@expo2020.ae)