



Reservation Intake Form

Contact Information

Name of Client:

Contact Person:

Contact Email Address:

Contact Phone Number:

Address:

City: State: Zip:

Event Information

Requested Date(s) and Time(s) of Event:

Title of Event/Meeting:

Expected Number of Attendees:

Will this be a Classified Event: Yes No

Requested Conference Space (check applicable):

Please reference the Seating Configuration PDF posted to the ECC website to ensure your requested space will fit your group.

- Chesapeake I
- Chesapeake II
- Chesapeake I & II
- Independence

Room Set-up Request (check applicable):

- Classroom
- Theater
- Boardroom
- U-Shape
- Hollow Square
- Pods
- Reception
- Other

Will there be a Webinar Component to the event?

Yes No

Will catering be needed?

Yes No

Will alcohol be served?

Yes No

On-site Point of Contact:

Please email completed form to
ECC@sainc.com and someone
will contact you shortly.

Thanks in advance for your
interest in the ECC.