

ROOFTOP CONFERENCE CENTRE BOOKING REQUEST FORM

Company Name: _____ Today's Date: _____

Contact Name: _____ Phone: _____

Email: _____

Date Requested: _____ Time Requested: _____

Room(s) Requested: English Bay Stanley Park Both Rooms Combined

Type of Event: _____

Number of Attendees: _____ (Max occupancy for the entire floor is 279)

Setup Requested: U-Shape Classroom Boardroom Pod Hollow Square Theatre Other

Will the event be catered? Yes No

Will there be alcohol served? Yes No

Is Security coverage needed? Yes No

Catering company information: _____

Equipment rental company information: _____

Insurance policy holder & policy number: _____

Minimum of 5 million dollars naming 2748355 Canada Inc. and 745 Thurlow Street Holdings Inc., QuadReal Property Group Limited Partnership, QuadReal Property Group G.P Inc., and their respective successors and assigns as additional insured

Additional Information: _____

Please note that all audio-visual equipment must be checked out from the Security Office on the ground floor. This includes cable connections and microphones.

Submit your completed form to [QuadReal Connect](#).