



SPECIAL EVENTS REQUEST FORM
Michael A. Bilandic Building
160 N. LaSalle Street, Chicago, IL 60601
312-814-3092-Fax

Event

Today's Date: _____

Organization Requesting Event: _____

Type/Purpose of Event: _____

Description of Event: _____

Date(s) Requested: _____

Time: _____

Number Attending: _____

Is the event open to the public? Yes No

Area of MABB Requested Conference/Hearing Room Foyer Auditorium
(Please Check)

Will event be catered? Yes No Will alcohol be served? Yes No If yes, what type of Alcohol? _____

PRIMARY CONTACT PERSON

Name: _____ Business Number: _____

Business Address/City/State/Zip: _____

Mobile Phone: _____ Fax: _____ E-Mail: _____

Driver's License No.: _____

CLASSIFICATION OF ORGANIZATION

Group Class:

State Agency Other Gov't Agency Corporate Private Individual Other

If Not for Profit Group:

Professional Social Service Educational Religion

PHYSICAL SET-UP REQUIREMENTS/SPECIAL NEEDS:

FOR OFFICE USE ONLY

Estimated Fee: _____

Notes _____

Building Manager Yes No
ISP Yes No

**A copy of A Photo ID must be attached to
Application and all information must be filled in
completely in order to process your request form.**

**For all food and beverage service,
Contact the Atrium Mall at (312) 346-0777**