

AURORA COOP CORPORATE OFFICE EVENT SHEET

EVENT DATE(S): April 18~~th~~ 3rd ARRIVAL TIME: 9-4
CONTACT PERSON: Lisa Keller PHONE: 402-694-2101
ADDRESS: Changed per Lisa EMAIL: lkeller@aurora.coop.com
CITY, ST, ZIP: on phone call 2/13 to M. April 3 FAX: _____

CIRCLE CORRECT TYPE

EVENT TYPE: DAY MEETING W/ FOOD SERVICE SNK AM MEAL: L

DAY MEETING ONLY

LOCATION: TLC AURORA COOP

EXPECTED ATTENDANCE: MINIMUM _____ MAXIMUM 24 CONTRACT GUARANTEE 24

AM Snack

Choice: Fast Break Time Served: 9

Where: Mather East # of People: 24

Notes: _____

Randy Jones Set Up

Lunch

Menu Option: _____ Time Served: Noon

Where: Mather # of People: 24

Notes: _____

PM Snack

Choice: Sweet Treat Time Served: 2

Where: _____ # of People: 24

Notes: _____

Dietary Needs

Name: _____ Dietary Need: _____

Name: _____ Dietary Need: _____