



# Aurora COOP Corporate Office Event Sheet

EVENT DATE(S): Feb 21 ARRIVAL TIME: 2-5  
 CONTACT PERSON: Renee PHONE: 402-694-2106  
 EMAIL: FAX:

EVENT TYPE:  DAY MEETING W/ FOOD  
 DAY MEETING  
 SNACK:  AM  PM  NONE  
 MEAL:  YES  NO

LOCATION:  TLC ROOM: mather east  
 AURORA COOP

EXPECTED ATTENDANCE: MIN: \_\_\_\_\_ MAX: 65 CONTRACTED #: \_\_\_\_\_

AM SNACK	
CHOICE:	TIME SERVED
WHERE:	# OF PEOPLE
NOTES:	

LUNCH	
CHOICE:	TIME SERVED
WHERE:	# OF PEOPLE
NOTES:	

PM SNACK	
CHOICE: <u>sweet treat</u>	TIME SERVED <u>2:00 pm</u>
WHERE:	# OF PEOPLE <u>65</u>
NOTES: <u>presenter's table, flip chart, screen &amp; projector, theater style, 2 registration tables</u>	

Diertary Needs	
Name: _____	Need: _____
Name: _____	Need: _____
Name: _____	Need: _____