

# REQUEST FOR INFORMATION



Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Function/Event: \_\_\_\_\_ Hotel Rooms: \_\_\_\_\_

Date(s) Needed: \_\_\_\_\_ Alt. Date: \_\_\_\_\_

Number of Attendees: \_\_\_\_\_ Speaker: \_\_\_\_\_

Catering: \_\_\_\_\_ Audio/Visual: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fill out the following form, print and send to the address below:

**Ho-Chunk Gaming Wittenberg**  
Group Sales Department  
N7198 US Hwy 45 | Wittenberg, WI 54499

