

Client Vendor Form

Please fill in this form as completely as possible. Upon completion, fax to your Wolfgang Puck sales rep at 404.581.4132. Please inform your Wolfgang Puck sales rep of any last minute vendors not listed on this form. Your vendors will be contacted by GAI Event Services shortly after receiving.

Event Name: _____

Client Name: _____ **Date of Event:** _____

Contact #: _____ **Email:** _____

Event Planner/Company: _____

Contact name: _____ Contact #: _____

Email : _____

Music/Entertainment provider: _____

Contact name: _____ Contact #: _____

Email : _____

Design/Décor/Florist: _____

Contact name: _____ Contact #: _____

Email: _____

Transportation Company: _____

Contact name: _____ Contact #: _____

Reservation Number: _____

Other vendors (photographer, silent auctions, bakeries, etc.)

Vendor: _____

Contact name: _____ Contact #: _____

Email : _____

Vendor: _____

Contact name: _____ Contact #: _____

Email : _____

AV Company (if different than ACTIVE, will be run by ACTIVE, please contact your ACTIVE rep for information):

AV Company Name: _____

Contact name: _____ Contact #: _____

Email : _____

WPC Sales Rep: _____ (GAI use) **Contact #:** _____ (GAI use)

I have received and completed the Client Vendor Form for Georgia Aquarium.

Client signature

Date signed

Please fax this form to your WPC sales rep at 404.581.4132 no later than two weeks before your event.