



EVENT MANAGEMENT SERVICE FORM

Name : _____

Mobile No : _____

Email ID : _____

Address : _____

Date of Event : _____

Time of Event : From _____ To _____

Type of Function :

- a. Conference/ Seminar/ Award Program
- b. Marriage/ Birthday/ Anniversary/ Mehendi

Allied Services :

- a. Lights
- b. Sounds
- c. Crackers
- d. Photography/ Videography
- e. Snacks/ Catering Services/ Cocktail/ Lunch/ Dinner
- f. Flower Decoration

Extra Requirement:

Signature

MAXBEN SERVICES

Address: P 98, Lake Terrace, Kolkata-700029, WB, India
Email: response@maxbenservices.com Web : www.maxbenservices.com