



Facility Rental Inquiry

Contact Information

Name of contracting party: _____

Company: _____ Non-profit: yes no

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Referred by: _____

Event Information

Event date: _____ Approx. # of guests: _____

Start time: _____ End Time: _____

Desired Price Range: \$ _____

Space(s) required: Main Gallery Street Level Gallery Education Room

Lower Gallery Media Lab Lobby Outdoor Courtyard Entire Museum

Event type (dinner reception, meeting, wedding ceremony, etc): _____

Please note that facility walk-throughs are by appointment only.

To reserve a date for an event, please mail or email this completed form to:

Heather Ficquette
CAM Raleigh
409 W. Martin St. Raleigh NC 27603
919-413-3121
your.event@camraleigh.org
www.camraleigh.org

Internal:

Price Quoted: \$ _____