



**Detroit Center for  
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# BEO FORM



**+ Requester Details:**

First + Last Name:

Company/Organization Name:

Phone:

Email:

Contact for the Day of Event:

**+ Event Details:**

Event Name:

Event Date:

Event Description:

Event Start Time:

Event End Time:

Space Requested:

Number of Attendees:

Number of Parking Spots Requested:

Is Catering Required:

Hours for these spaces are:  
Mon – Fri, 9 am – 10 pm

**+ Additional Details:**