



CSIS at 1616 Rhode Island Avenue NW, Washington DC

Event Space Rental Inquiry

Please complete form and return to MembershipGroups@csis.org. Someone will respond to your inquiry within seven business days.

Name of Organization: _____

Contact Name: _____

Contact Address: _____

Phone: _____ **Alt. Phone:** _____

E-mail: _____

Event Date or Proposed Event Date(s): _____

Time of the Event: From: _____ **To:** _____

Name of the Event: _____

Event Topic and Type of Audience: _____

Anticipated Number in Attendance: _____

Event Room Setup: _____

Anticipated Audio Visual (AV) Needs: _____

Anticipated Catering Needs: _____

Additional Information (not required): _____
