



BOOTH EVENT REQUEST FORM

Contact _____
Company / Booth Number _____
Address _____
City/State _____ Postal / Zip Code _____
Phone _____
Email _____

Date of Function:

10/1

10/2

10/3

Requested Times:

Start Time _____ End Time _____

Type of Event Occurring in your booth _____

Intended purpose of Event _____

Estimated Attendance _____

Special Needs*

Food / Beverage

Audio Visual

Other _____

*All expenses, including food/beverage and audio visual, will be billed to you directly through the appropriate vendor.

Once the completed form is received, written notification of approval or denial will be sent within one week.

Please submit this form via email by August 7, 2020.

Email: courtney.baker@usa.messefrankfurt.com