



Meeting Room Request Form

Company Name: _____ Booth Number: _____
Address: _____
City: _____ Province / State: _____
Country: _____ Postal / Zip Code: _____
Phone: _____ Fax: _____
E-mail: _____

Date of Function:

Tuesday 5/12 Wednesday 05/13 Thursday 05/14

Total Cost:

_____ hours x \$150/hour = _____ Total Cost **OR** _____ days x \$750/day = _____ Total Cost

Requested Times

Start Time: _____ End Time: _____ *For all other time requests please contact [show management](#).

Purpose of your Function _____

Estimated Attendance _____

Special Needs*

Food / Beverage Audio Visual Other _____

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

Type of Room Set:

Classroom Theatre Reception Other _____

Due to limited amount of space, approval will be based upon availability. All requests will be re- viewed in a timely manner after receipt of the completed form. Room request pricing can vary based on individual requirements. Invoicing will occur prior to the event. We must receive full payment of room charges four weeks prior to the event.

Signature: _____ Date: _____

DEADLINE: March 20, 2020
Email: courtney.baker@usa.messefrankfurt.com