



Event Request Form

Contact _____

Email _____

Company _____ Booth Number _____

Address _____

City/State _____ Postal / Zip Code _____

Phone _____ Fax _____

Date of Function

Monday 2/25 Tuesday 2/26 Wednesday 2/27 Thursday 2/28

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

- All requests will be reviewed in a timely manner after receipt of the completed form.
- Written notification of approval or denial will be sent to you within one week of receipt of your completed form

Please return this form by fax or mail by January 31, 2019

Fax: 770.984.8023

E-mail: Carina.Whitaker@usa.messefrankfurt.com