



Meeting Room Request Form

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

Date of Function

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

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 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.
- Room request pricing is based on individual requirements
- Invoicing will occur prior to the event. We must receive full payment of room charges two weeks prior to the event.

Signature: _____ Date: _____

Please return this form by fax or mail by February 8, 2019

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