The APEX Event Specifications Guide Template

Approved by the Convention Industry Council on September 30, 2004
Updated June 2005

<table>
<thead>
<tr>
<th>Report Section</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepted Practices</td>
<td>2</td>
</tr>
<tr>
<td>Instructions for Use</td>
<td>5</td>
</tr>
<tr>
<td>Narrative</td>
<td>6</td>
</tr>
<tr>
<td>Function Schedule</td>
<td>14</td>
</tr>
<tr>
<td>Function Set-up Order</td>
<td>15</td>
</tr>
<tr>
<td>Function Set-up Order (Exhibitor Version)</td>
<td>22</td>
</tr>
</tbody>
</table>

*indicates required field
ACCEPTED PRACTICES

1. The term Event Specifications Guide or ESG (acronym) should be the industry’s official term for the document used by an event organizer to convey information clearly and accurately to appropriate venue(s) and/or suppliers regarding all requirements for an event. This is a four-part document which includes:
   - Part I: The Narrative – general overview of the event.
   - Part II: Function Schedule – timetable outlining all functions that compose the overall event.
   - Part IIIa: Function Set-up Order – specifications for each function that is part of the overall event (each function of the event will have its own Function Set-up Order).
   - Part IIIb: Function Set-up Order (Exhibitor Version) – specifications for each booth/stand that is part of an exhibition.

   This is based on accepted terminology defined in the APEX Industry Glossary. The Glossary defines an event as “an organized occasion such as a meeting, convention, exhibition, special event, gala dinner, etc. An event is often composed of several different yet related functions.” The Glossary also defines a function as “any of a group of related organized occasions that contribute to a larger event” (e.g. registration area, coat check, rehearsal, outside display, seating area, office, poster session, green room, emergency information area, breakout session, etc.).

2. The APEX ESG should be the industry’s accepted format for the conveyance of information regarding the requirements of an event.

3. The following fields in the Narrative portion of the ESG require information input and are designated by *. An acceptable input is “Not Applicable” or “NA”:
   - Date Originated
   - Date Revised
   - Event Name
   - Event Organizer/Host Organization Mailing Address Line 1
   - Event Organizer/Host Organization City
   - Event Organizer/Host Organization State/Province
   - Event Organizer/Host Organization Postal/Zip Code
   - Event Organizer/Host Organization Country
   - Event Organizer/Host Organization Phone
   - Event Type
   - Published Event Start Date
   - Published Event End Date
   - Pre-Event Meeting
     - Day & Date
     - Time
     - Location
     - Attendees
   - Post-Event Meeting
     - Day & Date
     - Time
     - Location
     - Attendees
   - Complete information for a minimum of one (1) key event contact person
   - Accessibility/Special Needs
   - Room Block(s) - Complete information for a minimum of one (1) Hotel or Housing Facility
   - Reservation method
   - Accessibility/Special Needs Rooms
   - Medical/Emergency Instructions
   - Key Event Organizer/Host Organization Contact in Case of Emergency/Crisis
   - Crisis & Emergency Instructions
• On-site Communications
• Hours of surveillance
• Areas for surveillance

Food & Beverage
• Special Requirements
• Catered Food & Beverage Total Expected Attendance Chart

Transportation
• Attendee Shuttle Provided

Shipping/Receiving
• One line of the Shipping Grid
• Expected Outbound Shipping Requirements

Billing Instructions
• Group is tax-exempt
• Room & Tax to Master
• Incidental to Master
• Guests Pay on Own
• Negotiated Items/Services
• Final Bill to Be Provided to (contact name)
• Final Bill to Be Sent to (mailing address)

Authorized Signatories
• Complete information for a minimum of one (1) authorized signatory

4. There should be various stages in the evolution of the APEX ESG and the processes used to complete it:

Stage I - The form will be a word processing file and be completed manually. It will be shared by event organizers and venues/suppliers in electronic and/or hard copy form.
• Every facility and vendor involved in an event should receive a complete copy of the final ESG.
• Each ESG will include dates for pre- and post-event meetings to review and revise information.
• The ESG should be shared in a way that, when changes are made, they can be properly tracked and identified. Specifically, when a change is made from the original published document, a revised date should be inserted, and any change should be highlighted and dated within the document.
• The Function Set-up Order (Exhibitor Version) should be used by exhibitors to communicate booth/stand needs to show management and other vendors. Additionally, show managers can use the form to guide exhibitors through the process of determining and relaying their set-up requirements.
• The suggested timetable for the completion and sharing of the information contained in this document is dependent upon the size and complexity of the meeting, convention, or exhibition.
  - At a minimum, an event organizer should send the ESG to all facilities and vendors four weeks prior to the start of the event.
  - Also, at a minimum, facilities and vendors should respond with completed orders [production schedules, Banquet Event Orders (BEOs), etc.] no later than two weeks prior to the event.

While these are recommended guidelines, the needs of each facility and vendor will vary. Event organizers should confer with suppliers to determine the timeline and deadlines for this information. Also, all parties should consult the relevant contract because that could override any recommendation in this document.

Stage II - When industry-related software is updated and new software is developed, programmers will ensure that the APEX data map is referenced so that all data fields are defined correctly and are able to efficiently capture, store, and share information from the APEX ESG. This will allow for more automated sharing and updating of the report.

5. The Convention Industry Council will annually convene a special committee of professionals from across the meetings, conventions, and exhibitions industry to review all recommendations to the contents of the APEX Event Specifications Guide that have been received in the preceding year. This special committee will consult and confirm that changes to the report are required. It will then make a formal recommendation to the Convention Industry Council for action.
APEX EVENT SPECIFICATIONS GUIDE (ESG) TEMPLATE

Instructions for Use

The ESG is a written document that is all inclusive of event details. It includes three sections: 1) Narrative  2) Function Schedule and 3) Function Set-up Order. The following templates will assist event organizers in compiling complete information for a venue partner and contractor/supplier partners. Note the following:

1. Required Information: Several fields require information input. These items are designated by *.

2. Every function must have its own Function Set-up Order.

3. Every function must have a number. All diagrams, photos, sign copy, etc. refer to the function number at all times. When a new function is added, it is at the discretion of the planner whether to order in sequence, or to use “intermediate numbers.” Anything other than whole numbers must be formatted as 1a, 1b, 1c, etc. When a function in sequence is cancelled, the function number should not be reassigned.

4. Every section may not apply for every event.

5. Changes & Revisions: ESGs should be shared in a way that, when changes are made, they can be properly tracked and identified. Specifically, when a change is made from the original published document, a revised date should be inserted, and any change should be highlighted and dated within the document.

6. The Function Set-up Order (Exhibitor Version) should be used by exhibitors to communicate booth/stand needs to show management and other vendors. Additionally, show managers can use the form to guide exhibitors through the process of determining and relaying their set-up requirements.
PART I – Narrative

Date Originated*: __________

Date Revised*: __________

Repeat for additional revisions as necessary.

A. EVENT PROFILE

Event Name*: __________

Event Organizer/Host Organization: __________

Event Organizer/Host Organization Phone*: __________

Event Organizer/Host Organization Mailing Address Line 1*: __________

Event Organizer/Host Organization Mailing Address Line 2: __________

Event Organizer/Host Organization City*: __________

Event Organizer/Host Organization State/Province*: __________

Event Organizer/Host Organization Postal/Zip Code* : __________

Event Organizer/Host Organization Country*: __________

Event Organizer/Host Organization Web Address: __________

Event Web Address: __________

Event Organizer/Host Organization Overview (mission, philosophy, etc.): __________

Event Objectives: __________

Event Scope: Drop Down Options:

- Citywide
- Single Venue
- Multiple Venue
- Other: __________

Event Type*: Drop Down Options:

- Board Meeting
- Committee Meeting
- Customer Event
- Educational Meeting
- General Business Meeting
- Incentive Travel
- Local Employee Gathering
- Product Launch
- Public/Consumer Show
- Sales Meeting
- Shareholders Meeting
- Special Event
- Team-Building Event
- Training Meeting
- Trade Show
- Video Conference
- Other: __________

Event Frequency:

- One Time Only
- Biennial
- Annual
- Semi-Annual
- Quarterly
- Monthly
- Other: __________
Event is mandatory for attendees: ☐ Yes ☐ No
Spouses & Guests are invited to attend: ☐ Yes ☐ No
Children are invited to attend: ☐ Yes ☐ No
Other Event Profile Comments: __________

**B. KEY DATES, TIMES, & LOCATIONS**

Refer to the complete Schedule of Events (Part II of the ESG) for complete details on all functions and scheduled activities.

**Primary Event Facility Name: __________**  **Event Location City: __________**

State/Province: __________  **Country: __________**

Published Event Start Date*: __________

Published Event End Date*: __________

**Pre-Event Meeting**
- Day & Date*: __________
- Time* (US & Military via auto calc): __________
- Location*: __________
- Attendees*: __________

**Post-Event Meeting**
- Day & Date*: __________
- Time* (US & Military via auto calc): __________
- Location*: __________
- Attendees*: __________

Pre-Event Move-in & Set-up Required: ☐ Yes ☐ No
*If Yes, Specific Schedule Will Be Provided By: __________ (e.g. name of contractor)

Other Dates & Times Comments: __________
* e.g. registration desk hours, daily review meetings

**C. KEY EVENT CONTACTS**

Use this section to list all key personnel for the event (e.g. staff, exhibits manager, general services contractor, A/V company, security company, preferred shipper).

**Event Organizer/Host Organization Contacts**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Company*</th>
<th>Address</th>
<th>Description of Responsibilities</th>
<th>Location During Event</th>
<th>Emergency Contact?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Fax</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Email</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mobile Phone</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Contact1 Name*  
Contact1 Title*  
Contact1 Company*  
Contact1 Address*  
Contact1 Telephone*  
Contact1 Fax*  
Contact1 Email*  
Contact1 Mobile Phone*  
Contact1 Responsibilities*  
☐ On-Site*  
☐ Off-site*  
☐ Yes  
☐ No

Repeat for additional Contacts as necessary.

**Supplier Partner Contacts**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Address</th>
<th>Description of Responsibilities</th>
<th>Location During Event</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Telephone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Refer to the on-line version of this report, located at www.conventionindustry.org for the most up-to-date content. • Page 6 of 27
*indicates required field
<table>
<thead>
<tr>
<th>Company</th>
<th>Fax&lt;br&gt;Email&lt;br&gt;Mobile Phone</th>
<th>Contact1 Name*&lt;br&gt;Contact1 Title*&lt;br&gt;Contact1 Company*</th>
<th>Contact1 Address*&lt;br&gt;Contact1 Telephone*&lt;br&gt;Contact1 Fax*&lt;br&gt;Contact1 Email*&lt;br&gt;Contact1 Mobile Phone*</th>
<th>Contact1 Responsibilities*&lt;br&gt;☐ On-Site*&lt;br&gt;☐ Off-site*</th>
</tr>
</thead>
</table>

Repeat for additional Contacts as necessary.

Other Event Contacts Comments: __________

D. ATTENDEE PROFILE

See Section E for the Exhibitor Profile.

Expected Total Event Attendance: __________

Number of Pre-Registered Attendees: __________

Number of Domestic Attendees: __________

Note: Domestic Attendees live in the same country where the event is held

Number of International Attendees: __________

Demographics Profile (Attendees Only): __________

Accessibility/Special Needs*: __________

Note: Use this section to outline any special needs the group has.

Other Attendee Profile Comments: __________

E. EXHIBITOR PROFILE

Number of Exhibitors Attending: __________

Number of Domestic Exhibitors: __________

Note: Domestic Exhibitors live in the same country where the event is held

Number of International Exhibitors: __________

Demographics Profile (Exhibitors Only): __________

Number of Exhibiting Companies/Organizations Represented: __________

Accessibility/Special Needs*: __________

Note: Use this section to outline any special needs the group has.

Other Exhibitor Profile Comments: __________

F. ARRIVAL/DEPARTURE INFORMATION

Major Arrivals: __________

Major Departures: __________

Group Arrivals/Departures: __________

Porterage/Luggage Delivery Requirements: __________

Luggage Storage Requirements: __________
Drive-in and Parking Instructions: __________
Fly-in Instructions: __________
Other Arrival/Departure Comments: __________

G. HOUSING

Room Block(s)*:
For a multi-hotel/housing facility event, name all housing facilities and specify the headquarters

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>HQ Hotel?</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Additional days as necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name1</td>
<td>Yes</td>
<td>Final Room</td>
<td>Final Room</td>
<td>Final Room</td>
<td>as necessary</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Block #</td>
<td>Block #</td>
<td>Block #</td>
<td></td>
</tr>
<tr>
<td>Additional facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>as necessary</td>
</tr>
</tbody>
</table>

Reservation method*: __________

Third-Party Housing Provider Used: Yes No
If Yes, Housing Provider Company Name: __________
Suites: __________
Double/Single Occupancy: __________
Accessibility/Special Needs Rooms*: __________

Amenities: __________
In-room deliveries: __________
Room Drops (outside doors): __________

Other Housing Comments: __________
Note: See Section D for VIP information

H. VIPs – VERY IMPORTANT PERSONS

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Employer</th>
<th>Arrival Date &amp; Time</th>
<th>Departure Date &amp; Time</th>
<th>Amenities</th>
<th>Upgrades</th>
<th>Relationship to the Event</th>
<th>Comments e.g. special billing, airport transfers</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIP1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIP2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Repeat for additional VIPs as necessary.

I. FUNCTION SPACE
Use this section to address any special issues or situations that apply to the event.

Off-site Venue(s): __________
Function Rooms: __________
Message Center: __________
Office(s): __________
Registration Area(s): __________
Lounge(s): __________
Speaker Ready Room(s): __________
Press Room: __________
Storage: __________
General Reader Board Information: __________
Other Function Space Comments: __________

J. EXHIBITS

Location(s) of Exhibits: __________
Exhibitor Registration Location(s): __________
Number of Exhibits: __________
Gross Square Feet Used: __________ Gross Square Meters Used: __________
Net Square Feet Used: __________ Net Square Meters Used: __________
Exhibit Rules & Regulations Attached: ☐ Yes ☐ No

Show Dates and Times:

<table>
<thead>
<tr>
<th>Day/Date</th>
<th>Show Hours</th>
<th>Show Hours</th>
<th>Show Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Storage Needs: __________

Anticipated POV (Privately Owned Vehicle) Deliveries (#): __________

Exhibitor Schedule
Move-in Begin Date: __________ Move-in End Date: __________
Move-in Begin Time: __________
Move-out Begin Date: __________ Move-out End Date: __________
Move-out End Time: __________

Service Contractor Schedule
Move-in Begin Date: __________ Move-in End Date: __________
Move-in Begin Time: __________
Move-out Begin Date: __________ Move-out End Date: __________
Move-out End Time: __________

See Section B: Dates & Times for Targeted Move-in Information

Other Exhibits Comments: __________
K. UTILITIES
Use this section to describe any special situations in regard to Engineering, Rigging, Electrical, Water, Telecommunications, etc.

L. SAFETY, SECURITY & FIRST-AID

Medical/Emergency Instructions*: __________

Key Event Organizer/Host Organization Contact in Case of Emergency/Crisis*: __________

Crisis & Emergency Instructions*: __________

On-site Communications Protocol*: __________

General Security/Surveillance:  

- Not Required
- Group To Provide
- Venue To Provide
- Outside Vendor To Provide: __________ (company name)

<table>
<thead>
<tr>
<th>Day/Date</th>
<th>Location</th>
<th>Hours (start &amp; end)</th>
<th>Hours (start &amp; end)</th>
<th>Hours (start &amp; end)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

First-Aid Services:  

- Not Required
- Group To Provide
- Venue To Provide
- Outside Vendor To Provide: __________ (company name)

<table>
<thead>
<tr>
<th>Day/Date</th>
<th>Location</th>
<th>Hours (start &amp; end)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Keys

<table>
<thead>
<tr>
<th>Location</th>
<th>Function Name</th>
<th>Start Day &amp; Time</th>
<th>End Day &amp; Time</th>
<th># of Keys Required</th>
<th>Key Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VIP and/or Police Escorted Movements: __________

Other Security Comments: __________

M. FOOD & BEVERAGE

Special Requirements*: __________

Catered Food & Beverage Total Expected Attendance*

<table>
<thead>
<tr>
<th></th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Repeat for additional days as necessary.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast(s)</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>AM Break(s)</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>Lunch(s)</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>PM Break(s)</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>Reception(s)</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>Dinner(s)</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td>#</td>
<td></td>
</tr>
</tbody>
</table>

On-Site F&B Description: __________

Off-Site F&B Description: __________

Anticipated Outlet/Concession Usage: __________

Other Food & Beverage Comments: __________
N. SPECIAL ACTIVITIES

Recreational Activities: __________

Guest Programs: __________

Tours: __________

Pre- & Post-Event Programs: __________

Entertainment: __________

Children’s Programs: __________

Other Special Activities Comments: __________

O. AUDIO/VISUAL REQUIREMENTS

Use this section to address any special issues or situations that apply to the event.

P. TRANSPORTATION

Attendee Shuttle Provided*: ☐ Yes ☐ No

If Yes, complete the following:

<table>
<thead>
<tr>
<th>Day &amp; Date</th>
<th>Route Name</th>
<th>Start Time</th>
<th>End Time</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e., Monday, mm/dd/yyyy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Repeat for additional occurrences as necessary.

Transportation Provider: __________

Shuttle(s) Provided for Off-Site Events: ☐ Yes ☐ No

If Yes, complete the following:

<table>
<thead>
<tr>
<th>Off-Site Function 1</th>
<th>Off-Site Function 2</th>
<th>Off-Site Function 3</th>
<th>Off-Site Function 4</th>
<th>Additional Off-Site Functions as Necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Departure Location</td>
<td>Departure Date/Time</td>
<td>Drop-off Location</td>
<td>Drop-off Date/Time</td>
<td>Return Location</td>
</tr>
<tr>
<td>Return Date/Time</td>
<td>Transportation Provider</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Transportation Comments: __________

Q. IN CONJUNCTION WITH (ICW) GROUPS

Use this section to list and describe any In Conjunction With (ICW) groups of which suppliers for this event should be aware. Full contact information for the main point of contact should also be included. Additionally, note any important rules and regulations regarding these groups.

R. MEDIA/PRESS

Use this section to address any special issues or situations that apply to the event (e.g. contact information for the person to whom all media inquiries should be sent).

S. SHIPPING/RECEIVING
<table>
<thead>
<tr>
<th>From: (contact and address)</th>
<th>To: (contact and address)</th>
<th>Shipper:</th>
<th># of Items:</th>
<th>Expected Delivery Date</th>
</tr>
</thead>
</table>

Expected Outbound Shipping Requirements*: __________

Dock Usage: __________

Freight Elevator Usage: __________

Drayage To Be Handled By: __________

Other Shipping/Receiving Comments: __________

**T. HOUSEKEEPING INSTRUCTIONS**

*Use this section to address any special issues or situations that apply to the event.*

**U. FRONT DESK INSTRUCTIONS**

*Use this section to address any special issues or situations that apply to the event.*

**V. OTHER REQUIREMENTS**

**W. BILLING INSTRUCTIONS**

Final Bill to Be Provided to*: __________ (contact name)

Final Bill to Be Sent to*: __________ (mailing address)

Special Concessions and Negotiated Items/Services*:

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item/Service1</td>
</tr>
<tr>
<td>Item/Service2</td>
</tr>
</tbody>
</table>

*Repeat for additional items/services as necessary.*

On-Site Bill Review Instructions: __________

Third-Party Billing Instructions: __________

*Use this section to give specific instructions for goods & services that the event organizer is not responsible for (e.g. contractors expenses, etc.)*

Group is tax-exempt*: □ Yes □ No

If yes, Tax Exempt ID #: __________

Room & Tax to Master*: □ Yes □ No

Incidentals to Master*: □ Yes □ No

Guests Pay on Own*: □ Yes □ No

**X. AUTHORIZED SIGNATORIES**

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Title</th>
<th>Approval Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signatory1 Full Name*</td>
<td>Signatory1 Title*</td>
<td>Indicate Approval Authority Instructions*</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Repeat for additional Signatories as necessary.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART II – Function Schedule

Date Originated: __________

Date Revised*: __________
Repeat for additional revisions as necessary.

Event Name: __________

Event Organizer/Host Organization: __________

Contact Name: __________

Contact Phone: __________

<table>
<thead>
<tr>
<th>Day &amp; Date</th>
<th>Function Start Time (US &amp; Military via auto calc)</th>
<th>Function End Time (US &amp; Military via auto calc)</th>
<th>Function Name</th>
<th>Facility</th>
<th>Room Name</th>
<th>Set-up</th>
<th>Set For</th>
<th>Function #</th>
<th>Posting Instructions</th>
<th>24-Hour Hold?</th>
</tr>
</thead>
<tbody>
<tr>
<td>^</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Post</td>
<td>✔ Yes</td>
</tr>
</tbody>
</table>

Function Schedule Comments: __________

*enter primary set-up designated on the function’s function order.
PART IIIa – Function Set-up Order

Date Originated: __________

Date Revised*: __________

*indicates required field

Repeat for additional revisions as necessary.

A. EVENT DETAILS

Event Name: __________

Event Organizer/Host Organization: __________

Contact Name: __________

Contact Phone: __________

B. FUNCTION DETAILS

Function #: __________

Function Name: __________

Function Type:
- Break Out
- Coat Check
- Dressing/Green Room
- Exhibit
- General Session
- Meeting
- Office
- Photo Room
- Poster Session
- Registration
- Speaker Room
- Storage
- Workshop
- Other

Post to Reader Board?  □ Post  □ Do Not Post

If Post, Post As: __________

Function Location: __________

Key Event Personnel for this Function: __________

Attendance: __________

Function Start Day/Date: __________

Function Start Time (US & Military via auto calc): __________

Function End Day/Date: __________

Function End Time (US & Military via auto calc): __________

Set Up By (US & Military via auto calc): __________

Dismantle No Later than (US & Military via auto calc): __________

Catered Function:  □ Yes   □ No
C. ROOM SET-UP

Room Set-up Diagram Attached: ❑ Yes ❑ No

Note: The set-up diagram should indicate A/V placement and electrical needs.

Room Set Room For: __________ (qty.)

Primary Room Set-up: Drop Down Options:
❑ 10x10 exhibits
❑ 8x10 exhibits
❑ Island Exhibit
❑ Peninsula Exhibit
❑ Perimeter Exhibit
❑ Tabletop exhibits
❑ Banquet Rounds for 10
❑ Banquet Rounds for 12
❑ Banquet Rounds for 8
❑ Board Room (Conference)
❑ Classroom - 2 per 6 ft. tables
❑ Classroom - 3 per 6 ft. tables
❑ Classroom - 3 per 8 ft. tables
❑ Classroom - 4 per 8 ft. tables
❑ Classroom (Chevron) - 2 per 6 ft. tables
❑ Classroom (Chevron) - 3 per 6 ft. tables
❑ Classroom (Chevron) - 3 per 8 ft. tables
❑ Classroom (Chevron) - 4 per 8 ft. tables
❑ Cocktail Rounds
❑ Crescent Rounds of 5
❑ Crescent Rounds of 6
❑ Crescent Rounds
❑ E-shaped
❑ Existing
❑ Flow (no tables or chairs)
❑ Hollow square
❑ Perimeter Seating
❑ Registration
❑ Royal conference
❑ Talk Show
❑ Theater
❑ Theater - Semi-circle
❑ Theater - Chevron
❑ T-shaped
❑ U-shaped
❑ Other: __________

Secondary Room Set-up: Choose all that apply:
❑ Perimeter Seating set for _____ (qty.)
❑ Talk Show Set-up set for _____ (qty.)
❑ Head Table for _____ (qty.)
❑ Lectern [see Section D (A/V) for style & quantity]
❑ Rear Screen Projection [see Section D (A/V) for details]
❑ Riser
   If yes,
   Riser Height: _____ in. (____ cm)
   Riser Width: _____ in. (____ cm)
   Riser Depth: _____ in. (____ cm)
❑ Dance Floor
   If yes,
   Dance Floor Length: _____ in. (____ cm)
   Dance Floor Width: _____ in. (____ cm)
❑ Other: __________
Other Set-up Requirements (*choose all that apply*):

- Water Service for Speaker(s)/Moderator(s)
- Water Service for table(s)
- Water Service for back of room
- Pads/Pens for tables
- Candy for tables
- VIP Set-up (*If yes, Describe:* __________)
- Table(s) in back of room (for literature, etc.) (*If yes, Quantity:* __________)
- Other: __________

Special Requirements: __________

Room Set-up Comments: __________

### D. AUDIO/VISUAL (A/V)

- Not Required
- Group To Provide
- Venue To Provide
- Outside Vendor To Provide
  
  *If Not Required, go to Section E. Otherwise, complete the following:*

A/V Company Name: __________

A/V Equipment/Services Needed (*choose all that apply*):

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Item Price</th>
<th>Item Detail/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>35mm Projector w/ Remote</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audio Recording</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Background Music</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blackboard w/ Eraser &amp; Chalk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed Circuit Video</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Data Projector</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry Erase Board w/ Eraser &amp; Markers</td>
<td></td>
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</tr>
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<td>DVD Player</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Easel</td>
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<td></td>
</tr>
<tr>
<td>Electric Pointer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flipchart &amp; Markers</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Lectern (table)</td>
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</tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microphone – Wired Table</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microphone – Wireless Lavaliere</td>
<td></td>
<td></td>
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<tr>
<td>Microphone – Wireless Lectern</td>
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<td>Monitor Cart</td>
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<td>Overhead Projector</td>
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<td></td>
</tr>
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<td>Personal Computer – Desktop</td>
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<td></td>
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<tr>
<td>Personal Computer - Laptop</td>
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<td></td>
<td></td>
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<tr>
<td>Personal Computer - Mac</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powered Speaker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Projection Stand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screen (indicate size in comments)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VHS Player</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video Camera</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Video Monitor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video Recording</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*indicates required field*
A/V Comments: __________
Include special information such as lighting needs or labor needs (e.g. AV technician).

E. FOOD & BEVERAGE (F&B)

☐ Not Required  ☐ Group To Provide  
☐ Venue To Provide  ☐ Outside Vendor To Provide
If Not Required, go to Section F. Otherwise, complete the following:

F&B Service Time (US & Military via auto calc): __________

Anticipated Attendance: __________

F&B Guarantee: __________

Set for: __________

Meal Type: Drop Down Options:
☐ Continental Breakfast  
☐ Breakfast  
☐ Brunch  
☐ Lunch  
☐ Dinner  
☐ Break  
☐ Reception  
☐ Hospitality  
☐ Other: __________

Service Type: Drop Down Options:
☐ Boxed  
☐ Buffet  
☐ Plated  
☐ Other: __________

F&B Menu

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Price Per Person, gallon, tray, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F&B Comments: __________
Note: This can address dietary requirements, alcohol policies, and other special issues.

F. DÉCOR

☐ Not Required  ☐ Group To Provide  
☐ Venue To Provide  ☐ Outside Vendor To Provide
If Not Required, go to Section G. Otherwise, complete the following:

Decorator Company Name: __________

Décor Instructions/Requests: __________

G. SECURITY

# of Keys Required: __________

Key(s) should be: ☐ House/Standard Key  ☐ Re-keyed

Security Required: ☐ Not Required  ☐ Group To Provide 
☐ Venue To Provide  ☐ Outside Vendor To Provide
If Not Required, go to Section H. Otherwise, complete the following:

Security Company Name: __________
Security Start Time (US & Military via auto calc): __________
Security End Time (US & Military via auto calc): __________
Security Instructions/Requests: __________

H. ACCESSIBILITY

Accessibility/Special Needs Instructions:

I. ENTERTAINMENT/SPEAKER

Entertainment/Speaker: ☐ Yes ☐ No
If No, go to Section J. If Yes, complete the following:
Speaker Name(s): __________
Entertainment/Speaker Company: __________
Entertainment/Speaker Instructions/Requests: __________

J. SIGNAGE

☐ Not Required ☐ Group To Provide
☐ Venue To Provide ☐ Outside Vendor To Provide
If Not Required, go to Section K. Otherwise, complete the following:
Signage Company: __________
Easel Required: ☐ Yes ☐ No
Signage Instructions/Requests: __________

K. TRANSPORTATION

Transportation Required: ☐ Yes ☐ No
If No, go to Section L. If Yes, complete the following:
Transportation Company: __________
Transportation Instructions/Requests: __________

L. SHIPPING/RECEIVING

Shipping/Receiving Required: ☐ Yes ☐ No
If No, go to Section M. If Yes, complete the following:
Shipping/Receiving/Mail Instructions/Requests: __________

M. UTILITIES

Electrical Connections: ☐ Not Required ☐ Group To Provide
☐ Venue To Provide ☐ Outside Vendor To Provide

Optional:

<table>
<thead>
<tr>
<th>Connection Type</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
</table>

*Indicates required field
Connection types can include specific service type such as 120 volt (10 amp) service or power strip quad box etc.

Electrical Notes:
Include Electrical needs, description of use and quantity.

<table>
<thead>
<tr>
<th>Voicemail Services</th>
<th>Quantity</th>
<th>Price</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analog Phone Line</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-Line Phone Set</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Line Phone Set</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speaker Phone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voice Mail Box</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data Services

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet Connection – Ethernet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet Connection – Wireless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISDN Line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T-1 Line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Telecommunications Notes:
Include placement information and other requirements here.

Cleaning Services:
Not Required Group To Provide
Venue To Provide Outside Vendor To Provide

Cleaning Contractor: ______________________________________________________________

Cleaning Refresh Times and Instructions:
Specify multiple cleaning and refresh times as needed. Also indicated trash removal times if different from refresh times

Other Utilities:
Not Required Group To Provide
Venue To Provide Outside Vendor To Provide

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air (indicate PSI/Pascal: _____)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural Gas/Propane</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water (indicate minimum pressure: _____)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fill &amp; Drain (indicate gallons: _____)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steam</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
N. BILLING INSTRUCTIONS
Billing Instructions: __________

Note any instructions that are unique to this function and not covered by information in the narrative.

Organizer Cost Center: __________
PART IIIb – Function Set-up Order (Exhibitor Version)

Date Originated: __________

Date Revised*: __________

Repeat for additional revisions as necessary.

A. EVENT DETAILS

Event Name: __________

Event Organizer/Host Organization: __________

Contact Name: __________

Contact Phone: __________

B. BOOTH DETAILS

Booth #: __________

Booth Location: __________

Booth Type: □ 8’x10’
□ 10’x10’
□ Island
□ Peninsula
□ Perimeter
□ Table Top
□ Other: __________

Booth Name: __________

Company Name: __________

Key Contact Person for Booth: __________

Booth Start Day/Date: __________

Booth Start Time (US & Military via auto calc): __________

Booth End Day/Date: __________

Booth End Time (US & Military via auto calc): __________

Set Up By (US & Military via auto calc): __________

Tear Down No Later than (US & Military via auto calc): __________

C. BOOTH SET-UP

Booth Set-up Diagram Attached: □ Yes □ No

Note: The set-up diagram should indicate A/V placement and electrical needs.

Inventory Needed (list all that apply):

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Price/Per</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________</td>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>____________</td>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
</tbody>
</table>

Special Requirements: __________

e.g. double-decker, floor load
Booth Set-up Comments: __________

D. AUDIO/VISUAL (A/V)

☐ Not Required ☐ Booth To Provide
☐ Venue To Provide ☐ Outside Vendor To Provide

*If Not Required, go to Section E. Otherwise, complete the following:

A/V Equipment/Services Needed (choose all that apply):

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Item Price</th>
<th>Item Detail/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>35mm Projector w/ Remote</td>
<td></td>
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<tr>
<td>Audio Recording</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Background Music</td>
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<tr>
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</tr>
<tr>
<td>DVD Player</td>
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<td></td>
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<td>Electric Pointer</td>
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<td>Flipchart &amp; Markers</td>
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<td>Lectern (table)</td>
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</tr>
<tr>
<td>Microphone – Wired Lavaliere</td>
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<tr>
<td>Monitor Cart</td>
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</tr>
<tr>
<td>Overhead Projector</td>
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<td></td>
<td></td>
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<tr>
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<td></td>
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</tr>
<tr>
<td>Screen (indicate size in comments)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Television</td>
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<td></td>
</tr>
<tr>
<td>Video Recording</td>
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<tr>
<td>Other: __________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A/V Comments: __________

E. FOOD & BEVERAGE (F&B)

☐ Not Required ☐ Booth To Provide
☐ Venue To Provide ☐ Outside Vendor To Provide

*If Not Required, go to Section F. Otherwise, complete the following:

F&B Service Time (US & Military via auto calc): __________

Anticipated Attendance: __________

F&B Guarantee: __________

Set for: __________
Meal Type:  

Drop Down Options:
- Continental Breakfast
- Breakfast
- Brunch
- Lunch
- Dinner
- Break
- Reception
- Hospitality
- Other: __________

Service Type:  

Drop Down Options:
- Boxed
- Buffet
- Plated
- Other: __________

F&B Menu

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Price</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F&B Comments: __________

Note: This can address dietary requirements, alcohol policies, and other special issues.

F. DÉCOR

- Not Required  
- Booth To Provide
- Venue To Provide  
- Outside Vendor To Provide

If Not Required, go to Section G. Otherwise, complete the following:

Exhibitor Appointed Contractor: __________ (include company name and contact information)

Décor Instructions/Requests: __________

G. SECURITY

# of Keys Required: __________

Key(s) should be:  
- House/Standard Key
- Re-keyed

Security Required:
- Not Required
- Booth To Provide
- Venue To Provide
- Outside Vendor To Provide

If Not Required, go to Section H. Otherwise, complete the following:

Security Company Name: __________

Security Start Time (US & Military via auto calc): __________

Security End Time (US & Military via auto calc): __________

Security Instructions/Requests: __________

H. ACCESSIBILITY

Accessibility/Special Needs Instructions:

I. ENTERTAINMENT/SPEAKER
Entertainment/Speaker:  [ ] Yes  [ ] No

*If No, go to Section J. If Yes, complete the following:*

Speaker Name(s): __________

Entertainment/Speaker Company: __________

Entertainment/Speaker Instructions/Requests: __________

**J. SIGNAGE**

Signage Instructions/Requests: __________

**K. MATERIAL HANDLING**

Shipping/Receiving Required:  [ ] Yes  [ ] No

Customs/Brokerage:  [ ] Yes  [ ] No

Shipping Information:

<table>
<thead>
<tr>
<th>To</th>
<th>From</th>
<th>Sender</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Shipping to Show Carrier: __________
(Include Company name, address, contact, phone, fax and e-mail.)

Shipping from Show Carrier: __________
(Include Company name, address, contact, phone, fax and e-mail.)

Material Handling Instructions: __________
(Specify fragile, oversized etc.)

**L. UTILITIES**

**Electrical Connections:**

- [ ] Not Required
- [ ] Group To Provide
- [ ] Venue To Provide
- [ ] Outside Vendor To Provide

*Optional:*

<table>
<thead>
<tr>
<th>Connection Type</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Connection types can include specific service type such as 120 volt (10 amp) service or power strip quad box etc.

Electrical Notes:

*Include Electrical needs, description of use and quantity.*

**Telecommunications Connections:**

- [ ] Not Required
- [ ] Group To Provide
- [ ] Venue To Provide
- [ ] Outside Vendor To Provide

**Voice Services**

Item

- [ ] Analog Phone Line  Quantity __________  Price __________
- [ ] Multi-Line Phone Set  Quantity __________  Price __________
- [ ] Single Line Phone Set  Quantity __________  Price __________

Comments

- [ ] Long distance
- [ ] Restricted
- [ ] Other __________
Speaker Phone __________ __________ __________
Voice Mail Box __________ __________ __________
Other: __________ __________ __________

Data Services

Item | Quantity | Price
---|---|---
Internet Connection – Ethernet
Internet Connection – Wireless
ISDN Line
T-1 Line
Other: __________

Telecommunications Notes:

*include placement information and other requirements here*

Cleaning Services:

- Not Required
- Group To Provide
- Venue To Provide
- Outside Vendor To Provide

Cleaning Contractor: _______________________________________________________

Cleaning Refresh Times and Instructions:

*Specify multiple cleaning and refresh times as needed. Also indicated trash removal times if different from refresh times*

Other Utilities:

- Not Required
- Group To Provide
- Venue To Provide
- Outside Vendor To Provide

Item | Quantity | Price
---|---|---
Air (indicate PSI/Pascal: _____) __________ _____
Drain __________ __________
Natural Gas/Propane __________ __________
Water (indicate minimum pressure: _____) __________ __________
Fill & Drain (indicate gallons: _____) __________ __________
Steam __________ __________
Other: __________

Other Utilities Notes:

N. BILLING INSTRUCTIONS

Booth is tax-exempt: Yes No

Tax-Exempt ID#: __________

Authorized Signatories: __________

Booth Cost Center: __________

Send Final Bill To:

Company Name: __________
Address: __________
City, State, Postal Code, Country: __________
Contact Person: __________
Title: __________
Phone: __________
Fax: __________
Email: __________

Method of Payment:

Purchase Order, Credit Card Type, Master Account, etc.

Method of Payment #:

PO #, Credit Card # with expiration date, Master Account #

Billing Instructions: __________
Note if any aspect of the function is complimentary and the responsible party.