



# The APEX Event Specifications Guide Template

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

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# 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 Profile

- 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

Dates & Times

- Published Event Start Date
- Published Event End Date
- Pre-Event Meeting
  - Day & Date
  - Time
  - Location
  - Attendees
- Post-Event Meeting
  - Day & Date
  - Time
  - Location
  - Attendees

Key Event Contacts

- Complete information for a minimum of one (1) key event contact person

Attendee Profile

- Accessibility/Special Needs

Housing

- Room Block(s) - Complete information for a minimum of one (1) Hotel or Housing Facility
- Reservation method
- Accessibility/Special Needs Rooms

Safety & Security

- 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
  - Incidentals 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:*

- |   |   |
|---|---|
| <input type="checkbox"/> Board Meeting            | <input type="checkbox"/> Sales Meeting        |
| <input type="checkbox"/> Committee Meeting        | <input type="checkbox"/> Shareholders Meeting |
| <input type="checkbox"/> Customer Event           | <input type="checkbox"/> Special Event        |
| <input type="checkbox"/> Educational Meeting      | <input type="checkbox"/> Team-Building Event  |
| <input type="checkbox"/> General Business Meeting | <input type="checkbox"/> Training Meeting     |
| <input type="checkbox"/> Incentive Travel         | <input type="checkbox"/> Trade Show           |
| <input type="checkbox"/> Local Employee Gathering | <input type="checkbox"/> Video Conference     |
| <input type="checkbox"/> Product Launch           | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Public/Consumer Show     |   |

Event  
Frequency:

*Drop Down Options:*

- ☐ 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

| Name<br>Title<br>Company                               | Address<br>Telephone<br>Fax<br>Email<br>Mobile Phone   | Description of<br>Responsibilities | Location During<br>Event  | Emergency<br>Contact?                                       |
|--|--|------------------------------------|---|---|
| Contact1 Name*<br>Contact1 Title*<br>Contact1 Company* | Contact1 Address*<br>Contact1 Telephone*<br>Contact1 Fax*<br>Contact1 Email*<br>Contact1 Mobile Phone* | Contact1<br>Responsibilities*      | <input type="checkbox"/> On-Site*<br><input type="checkbox"/> Off-site* | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Repeat for additional<br>Contacts as necessary.        |  |                                    |   |   |

### Supplier Partner Contacts

| Name<br>Title | Address<br>Telephone | Description of<br>Responsibilities | Location During<br>Event |
|---------------|----------------------|------------------------------------|--------------------------|
|---------------|----------------------|------------------------------------|--------------------------|

|   |  |                               |   |
|---|--|-------------------------------|---|
| Company   | Fax<br>Email<br>Mobile Phone   |                               |   |
| Contact1 Name*<br>Contact1 Title*<br>Contact1 Company*  | Contact1 Address*<br>Contact1 Telephone*<br>Contact1 Fax*<br>Contact1 Email*<br>Contact1 Mobile Phone* | Contact1<br>Responsibilities* | <input type="checkbox"/> On-Site*<br><input type="checkbox"/> Off-site* |
| <i>Repeat for additional Contacts<br/>as necessary.</i> |  |                               |   |

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*

| Facility Name                      | HQ Hotel?   | Day 1              | Day 2              | Day 3              | Additional days as necessary |
|------------------------------------|---|--------------------|--------------------|--------------------|------------------------------|
| Facility Name1                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Final Room Block # | Final Room Block # | Final Room Block # |                              |
| Additional facilities as necessary |   |                    |                    |                    |                              |

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

| Name  | Title | Employer | Arrival Date & Time | Departure Date & Time | Amenities | Upgrades | Relationship to the Event | Comments e.g. special billing, airport transfers |
|---|-------|----------|---------------------|-----------------------|-----------|----------|---------------------------|--|
| VIP1  |       |          |                     |                       |           |          |                           |  |
| VIP2  |       |          |                     |                       |           |          |                           |  |
| <b>Repeat for additional VIPs as necessary.</b> |       |          |                     |                       |           |          |                           |  |

## 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:

| Day/Date | Show Hours | Show Hours | Show Hours |
|----------|------------|------------|------------|
|          |            |            |            |
|          |            |            |            |

Storage Needs: \_\_\_\_\_

Anticipated POV (Privately Owned Vehicle) Deliveries (#): \_\_\_\_\_

Exhibitor Schedule

Move-in Begin Date: \_\_\_\_\_  
Move-in Begin Time: \_\_\_\_\_

Move-in End Date: \_\_\_\_\_

Move-out Begin Date: \_\_\_\_\_  
Move-out End Time: \_\_\_\_\_

Move-out End Date: \_\_\_\_\_

Service Contractor Schedule

Move-in Begin Date: \_\_\_\_\_  
Move-in Begin Time: \_\_\_\_\_

Move-in End Date: \_\_\_\_\_

Move-out Begin Date: \_\_\_\_\_  
Move-out End Time: \_\_\_\_\_

Move-out End Date: \_\_\_\_\_

*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)

| Day/Date | Location | Hours (start & end) | Hours (start & end) | Hours (start & end) |
|----------|----------|---------------------|---------------------|---------------------|
|          |          |                     |                     |                     |
|          |          |                     |                     |                     |

First-Aid Services: ☐ Not Required ☐ Group To Provide ☐ Venue To Provide  
☐ Outside Vendor To Provide: \_\_\_\_\_ (company name)

| Day/Date | Location | Hours (start & end) |
|----------|----------|---------------------|
|          |          |                     |
|          |          |                     |

### Keys

| Location | Function Name | Start Day & Time | End Day & Time | # of Keys Required | Key Type   |
|----------|---------------|------------------|----------------|--------------------|--|
|          |               |                  |                |                    | <input type="checkbox"/> House/Standard<br><input type="checkbox"/> Re-Keyed |

VIP and/or Police Escorted Movements: \_\_\_\_\_

Other Security Comments: \_\_\_\_\_

## M. FOOD & BEVERAGE

Special Requirements\*: \_\_\_\_\_

Catered Food & Beverage Total Expected Attendance\*

|              | Day 1 | Day 2 | Day 3 | Day 4 | Repeat for additional days as necessary. |
|--------------|-------|-------|-------|-------|--|
| Breakfast(s) | #     | #     | #     | #     |  |
| AM Break(s)  | #     | #     | #     | #     |  |
| Lunch(s)     | #     | #     | #     | #     |  |
| PM Break(s)  | #     | #     | #     | #     |  |
| Reception(s) | #     | #     | #     | #     |  |
| Dinner(s)    | #     | #     | #     | #     |  |

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:*

| Day & Date<br>(i.e., Monday,<br>mm/dd/yyyy)                    | Route Name | Start Time | End Time | Frequency |
|--|------------|------------|----------|-----------|
|  |            |            |          |           |
|  |            |            |          |           |
| <b>Repeat for additional<br/>occurrences as<br/>necessary.</b> |            |            |          |           |

Transportation Provider: \_\_\_\_\_

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

*If Yes, complete the following:*

|                            | Off-Site Function<br>1 | Off-Site Function<br>2 | Off-Site Function 3 | Off-Site Function 4 | Additional Off-Site<br>Functions as<br>Necessary |
|----------------------------|------------------------|------------------------|---------------------|---------------------|--|
| Departure Location         |                        |                        |                     |                     |  |
| Departure Date/Time        |                        |                        |                     |                     |  |
| Drop-off Location          |                        |                        |                     |                     |  |
| Drop-off Date/Time         |                        |                        |                     |                     |  |
| Return Location            |                        |                        |                     |                     |  |
| Return Date/time           |                        |                        |                     |                     |  |
| Transportation<br>Provider |                        |                        |                     |                     |  |

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

| From:                 | To:                   | Shipper: | # of Items: | Expected Delivery Date |
|-----------------------|-----------------------|----------|-------------|------------------------|
| (contact and address) | (contact and address) |          |             |                        |
|                       |                       |          |             |                        |
|                       |                       |          |             |                        |
|                       |                       |          |             |                        |

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\*

| Description   |
|---|
| Item/Service1   |
| Item/Service2   |
| <i>Repeat for additional items/services as necessary.</i> |

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

| Full Name | Title | Approval Authority |
|-----------|-------|--------------------|
|-----------|-------|--------------------|

| Signatory1 Full Name*                                  | Signatory1 Title* | Indicate Approval Authority Instructions* |
|--|-------------------|---|
| <i>Repeat for additional Signatories as necessary.</i> |                   |   |

## PART II – Function Schedule

Date Originated: \_\_\_\_\_

Date Revised\*: \_\_\_\_\_

*Repeat for additional revisions as necessary.*

Event Name: \_\_\_\_\_

Event Organizer/Host Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

| Day & Date | Function Start Time<br>(US & Military via auto calc) | Function End Time<br>(US & Military via auto calc) | Function Name | Facility | Room Name | Set-up | Set For | Function # | Posting Instructions  | 24-Hour Hold?   |
|------------|--|--|---------------|----------|-----------|--------|---------|------------|---|---|
|            |  |  |               |          |           | ^      |         |            | <input type="checkbox"/> Post<br><input type="checkbox"/> Do Not Post | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

Function Schedule Comments: \_\_\_\_\_

*^enter primary set-up designated on the function's function order.*

## PART IIIa – Function Set-up Order

Date Originated: \_\_\_\_\_

Date Revised\*: \_\_\_\_\_

*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:

*Drop Down Options:*

- ☐ 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):

| Item   | Quantity | Item Price | Item Detail/Comments |
|--|----------|------------|----------------------|
| <input type="checkbox"/> 35mm Projector w/ Remote            | _____    | _____      | _____                |
| <input type="checkbox"/> Audio Recording                     | _____    | _____      | _____                |
| <input type="checkbox"/> Background Music                    | _____    | _____      | _____                |
| <input type="checkbox"/> Blackboard w/ Eraser & Chalk        | _____    | _____      | _____                |
| <input type="checkbox"/> Closed Circuit Video                | _____    | _____      | _____                |
| <input type="checkbox"/> Data Projector                      | _____    | _____      | _____                |
| <input type="checkbox"/> Dry Erase Board w/ Eraser & Markers | _____    | _____      | _____                |
| <input type="checkbox"/> DVD Player                          | _____    | _____      | _____                |
| <input type="checkbox"/> Easel                               | _____    | _____      | _____                |
| <input type="checkbox"/> Electric Pointer                    | _____    | _____      | _____                |
| <input type="checkbox"/> Flipchart & Markers                 | _____    | _____      | _____                |
| <input type="checkbox"/> Lectern (standing)                  | _____    | _____      | _____                |
| <input type="checkbox"/> Lectern (table)                     | _____    | _____      | _____                |
| <input type="checkbox"/> Microphone – Wired Lavalier         | _____    | _____      | _____                |
| <input type="checkbox"/> Microphone – Wired Lectern          | _____    | _____      | _____                |
| <input type="checkbox"/> Microphone – Wired Standing         | _____    | _____      | _____                |
| <input type="checkbox"/> Microphone – Wired Table            | _____    | _____      | _____                |
| <input type="checkbox"/> Microphone – Wireless Lavalier      | _____    | _____      | _____                |
| <input type="checkbox"/> Microphone – Wireless Lectern       | _____    | _____      | _____                |
| <input type="checkbox"/> Microphone – Wireless Standing      | _____    | _____      | _____                |
| <input type="checkbox"/> Microphone – Wireless Table         | _____    | _____      | _____                |
| <input type="checkbox"/> Monitor Cart                        | _____    | _____      | _____                |
| <input type="checkbox"/> Overhead Projector                  | _____    | _____      | _____                |
| <input type="checkbox"/> Personal Computer – Desktop         | _____    | _____      | _____                |
| <input type="checkbox"/> Personal Computer - Laptop          | _____    | _____      | _____                |
| <input type="checkbox"/> Personal Computer - Mac             | _____    | _____      | _____                |
| <input type="checkbox"/> Powered Speaker                     | _____    | _____      | _____                |
| <input type="checkbox"/> Projection Stand                    | _____    | _____      | _____                |
| <input type="checkbox"/> Screen (indicate size in comments)  | _____    | _____      | _____                |
| <input type="checkbox"/> Television                          | _____    | _____      | _____                |
| <input type="checkbox"/> VHS Player                          | _____    | _____      | _____                |
| <input type="checkbox"/> Video Camera                        | _____    | _____      | _____                |
| <input type="checkbox"/> Video Monitor                       | _____    | _____      | _____                |
| <input type="checkbox"/> Video Recording                     | _____    | _____      | _____                |
| <input type="checkbox"/> Other: _____                        | _____    | _____      | _____                |

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

| Description | Quantity | Price | Per                               |
|-------------|----------|-------|-----------------------------------|
|             |          |       | <i>Person, gallon, tray, etc.</i> |
|             |          |       |                                   |

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:*

| Connection Type | Quantity | Price |
|-----------------|----------|-------|
|-----------------|----------|-------|

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

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   | Quantity | Price | Comments  |
|--|----------|-------|---|
| <input type="checkbox"/> Analog Phone Line     | _____    | _____ | <input type="checkbox"/> Long distance<br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Multi-Line Phone Set  | _____    | _____ | _____   |
| <input type="checkbox"/> Single Line Phone Set | _____    | _____ | _____   |
| <input type="checkbox"/> Speaker Phone         | _____    | _____ | _____   |
| <input type="checkbox"/> Voice Mail Box        | _____    | _____ | _____   |
| <input type="checkbox"/> Other: _____          | _____    | _____ | _____   |

*Data Services*

| Item  | Quantity | Price |
|---|----------|-------|
| <input type="checkbox"/> Internet Connection – Ethernet | _____    | _____ |
| <input type="checkbox"/> Internet Connection – Wireless | _____    | _____ |
| <input type="checkbox"/> ISDN Line                      | _____    | _____ |
| <input type="checkbox"/> T-1 Line                       | _____    | _____ |
| <input type="checkbox"/> 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 |
|---|----------|-------|
| <input type="checkbox"/> Air (indicate PSI/Pascal: _____)         | _____    | _____ |
| <input type="checkbox"/> Drain                                    | _____    | _____ |
| <input type="checkbox"/> Natural Gas/Propane                      | _____    | _____ |
| <input type="checkbox"/> Water (indicate minimum pressure: _____) | _____    | _____ |
| <input type="checkbox"/> Fill & Drain (indicate gallons: _____)   | _____    | _____ |
| <input type="checkbox"/> Steam                                    | _____    | _____ |

☐ Other: \_\_\_\_\_

Other Utilities Notes:

|  |
|--|
|  |
|--|

## **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*):

| Description | Quantity | Price/Per | Comments |
|-------------|----------|-----------|----------|
|             |          |           |          |
|             |          |           |          |
|             |          |           |          |

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):

| Item   | Quantity | Item Price | Item Detail/Comments |
|--|----------|------------|----------------------|
| <input type="checkbox"/> 35mm Projector w/ Remote            | _____    | _____      | _____                |
| <input type="checkbox"/> Audio Recording                     | _____    | _____      | _____                |
| <input type="checkbox"/> Background Music                    | _____    | _____      | _____                |
| <input type="checkbox"/> Blackboard w/ Eraser & Chalk        | _____    | _____      | _____                |
| <input type="checkbox"/> Closed Circuit Video                | _____    | _____      | _____                |
| <input type="checkbox"/> Data Projector                      | _____    | _____      | _____                |
| <input type="checkbox"/> Dry Erase Board w/ Eraser & Markers | _____    | _____      | _____                |
| <input type="checkbox"/> DVD Player                          | _____    | _____      | _____                |
| <input type="checkbox"/> Easel                               | _____    | _____      | _____                |
| <input type="checkbox"/> Electric Pointer                    | _____    | _____      | _____                |
| <input type="checkbox"/> Flipchart & Markers                 | _____    | _____      | _____                |
| <input type="checkbox"/> Lectern (standing)                  | _____    | _____      | _____                |
| <input type="checkbox"/> Lectern (table)                     | _____    | _____      | _____                |
| <input type="checkbox"/> Microphone – Wired Lavalier         | _____    | _____      | _____                |
| <input type="checkbox"/> Microphone – Wired Lectern          | _____    | _____      | _____                |
| <input type="checkbox"/> Microphone – Wired Standing         | _____    | _____      | _____                |
| <input type="checkbox"/> Microphone – Wired Table            | _____    | _____      | _____                |
| <input type="checkbox"/> Microphone – Wireless Lavalier      | _____    | _____      | _____                |
| <input type="checkbox"/> Microphone – Wireless Lectern       | _____    | _____      | _____                |
| <input type="checkbox"/> Microphone – Wireless Standing      | _____    | _____      | _____                |
| <input type="checkbox"/> Microphone – Wireless Table         | _____    | _____      | _____                |
| <input type="checkbox"/> Monitor Cart                        | _____    | _____      | _____                |
| <input type="checkbox"/> Overhead Projector                  | _____    | _____      | _____                |
| <input type="checkbox"/> Personal Computer – Desktop         | _____    | _____      | _____                |
| <input type="checkbox"/> Personal Computer - Laptop          | _____    | _____      | _____                |
| <input type="checkbox"/> Personal Computer - Mac             | _____    | _____      | _____                |
| <input type="checkbox"/> Powered Speaker                     | _____    | _____      | _____                |
| <input type="checkbox"/> Projection Stand                    | _____    | _____      | _____                |
| <input type="checkbox"/> Screen (indicate size in comments)  | _____    | _____      | _____                |
| <input type="checkbox"/> Television                          | _____    | _____      | _____                |
| <input type="checkbox"/> VHS Player                          | _____    | _____      | _____                |
| <input type="checkbox"/> Video Camera                        | _____    | _____      | _____                |
| <input type="checkbox"/> Video Monitor                       | _____    | _____      | _____                |
| <input type="checkbox"/> Video Recording                     | _____    | _____      | _____                |
| <input type="checkbox"/> Other: _____                        | _____    | _____      | _____                |

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

| Description | Quantity | Price | Per                               |
|-------------|----------|-------|-----------------------------------|
|             |          |       | <i>Person, gallon, tray, etc.</i> |
|             |          |       |                                   |

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:

| To | From | Sender | Venue |
|----|------|--------|-------|
|    |      |        |       |
|    |      |        |       |

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:

| Connection Type | Quantity | Price |
|-----------------|----------|-------|
|                 |          |       |
|                 |          |       |

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

Comments

☐ Long distance

☐ Restricted

☐ Other \_\_\_\_\_

☐ Multi-Line Phone Set

☐ Single Line Phone Set

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ☐ Speaker Phone \_\_\_\_\_  
☐ Voice Mail Box \_\_\_\_\_  
☐ Other: \_\_\_\_\_

#### Data Services

| Item  | Quantity | Price |
|---|----------|-------|
| <input type="checkbox"/> Internet Connection – Ethernet | _____    | _____ |
| <input type="checkbox"/> Internet Connection – Wireless | _____    | _____ |
| <input type="checkbox"/> ISDN Line                      | _____    | _____ |
| <input type="checkbox"/> T-1 Line                       | _____    | _____ |
| <input type="checkbox"/> 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 |
|---|----------|-------|
| <input type="checkbox"/> Air (indicate PSI/Pascal: _____)         | _____    | _____ |
| <input type="checkbox"/> Drain                                    | _____    | _____ |
| <input type="checkbox"/> Natural Gas/Propane                      | _____    | _____ |
| <input type="checkbox"/> Water (indicate minimum pressure: _____) | _____    | _____ |
| <input type="checkbox"/> Fill & Drain (indicate gallons: _____)   | _____    | _____ |
| <input type="checkbox"/> Steam                                    | _____    | _____ |
| <input type="checkbox"/> 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.*