



IN-BOOTH EVENT REQUEST FORM

To request an In-Booth Event	for your company, please complete t	he following: (Please type or print.)
Exhibitor Name		
Contact Name		
Title		
Booth Number	Email	
Phone	Fax	
EVENT SCHEDULE		
HOW DAY	PRE-SHOW—Please indicate time. (2 Hours Prior to Show Opening)	POST-SHOW—Please indicate time. (up to 3 Hours After Show Close)
/larch 7 / 9:00 am- 5:00 pm		
/larch 8 / 9:00 am-5:00 pm		
March 9 / 9:00 am-5:00 pm		
March 10 / 9:00 am-5:00 pm March 11 / 9:00 am-3:00 pm		NA
Exhibitors cannot hold post she dismantling.	ow in-booth events on the closing day	of the show due to the beginning of
EVENT TYPE Sales Meeting Customer/Dealer Me Customer/Dealer Ent Press Event Product Launch Other	eeting tertainment	ENT DETAILS event will have: Catering (must be ordered from Official Show Caterer) Entertainment (Band, Etc.) Education Type Presentation
Questions: E-mail or Phone 1- SHOW MANAGEMENT A Your company's event has bee Pre/Post Show Rules & Regula	PPROVAL: en reviewed and approved by Show Mations.	
Show Management Acceptan	ce Date	