



E3 Hotel Function Space Release Form

I. CONTACT INFORMATION

Hotel: _____

Contact Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip / Postal Code: _____ Country: _____

Phone / Ext*: _____ Email: _____

Client: _____

If above is a Third Party or Event Planning Company, please provide name and active website URL of client.

II. FUNCTION TYPE

FUNCTION TYPE	DATE(S)	ESTIMATED ATTENDANCE
<input type="checkbox"/> Meeting	_____	_____
<input type="checkbox"/> Reception	_____	_____
<input type="checkbox"/> Hospitality	_____	_____
<input type="checkbox"/> In a Meeting Room <input type="checkbox"/> In a Suite	_____	_____
<input type="checkbox"/> Breakfast	_____	_____
<input type="checkbox"/> Lunch	_____	_____
<input type="checkbox"/> Dinner	_____	_____

Does the company require assignment of sleeping rooms?

☐ YES

☐ NO

If yes, please detail: _____

III. CONFIRMATION

E3 will approve the function space release with the hotel contact upon processing of the completed form.
Send the completed Function Space Release Form to:



Carolyn Rauch
T: 602-955-0050
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