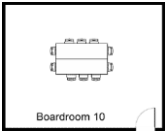
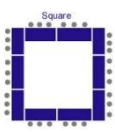
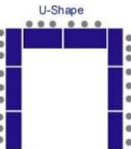
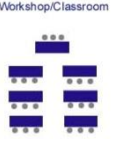
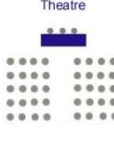
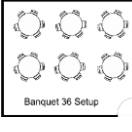
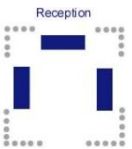


2019 NFDA International Convention & Expo Affiliate/Exhibitor Meeting Space Request Form

Meeting space is assigned on a first come, first served basis.

Contact Name				Title			
Company Name							
Mailing Address							
Phone				Fax			
Email							
Event Name							
Event Day/Date	<input type="checkbox"/> Sunday, Oct. 27	<input type="checkbox"/> Monday, Oct. 28	<input type="checkbox"/> Tuesday, Oct. 29	<input type="checkbox"/> Other			
Event Start/End Time							
Type of Event	<input type="checkbox"/> Business Mtg. <input type="checkbox"/> Reception		<input type="checkbox"/> Other:				
Speaker/Topic	Name:				Topic:		
On-site Contact	Name:				Cell #		
	Arrival Date:		Arrival Time:		Departure Date:		Departure Time:
Room Set Up: <i>Check set-up types</i>	<input type="checkbox"/> Conference:	<input type="checkbox"/> Hollow Sq.	<input type="checkbox"/> U-Shape	<input type="checkbox"/> Classroom	<input type="checkbox"/> Theatre	<input type="checkbox"/> Rounds	<input type="checkbox"/> Reception
							
	Stage <input type="checkbox"/> Yes <input type="checkbox"/> No	Stage Size	Podium <input type="checkbox"/> Table Top <input type="checkbox"/> None <input type="checkbox"/> Standing	Other			
Estimated # of Attendees			Who are the attendees?				
Meeting Requirements <i>✓All that apply</i>	<input type="checkbox"/> Audio Visual <input type="checkbox"/> Internet <input type="checkbox"/> Food & Beverage			<input type="checkbox"/> Other			
Special Instructions							

Email this form to the NFDA Meetings Department: David Larsen, dlarsen@nfda.org

Meeting Related Charges:

All charges are the responsibility of the requesting company or organization including, but not limited to, room rental, room set changes, food and beverage, delivery, set-up, audio visual, internet, electric services, and other meeting related charges.

Please sign to acknowledge that you have read and understand the above statement.

Signature		Date:	
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For Administrative Use:	
NFDA <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date _____
Name _____	Signature _____
Comments	