



Meeting Room Request Form

Booth Number _____
Company Name _____
Company Contact _____
Title _____
Telephone _____
Email _____
Function Purpose _____
Estimated Attendance _____
Dates & Times Requested _____

Special Needs * Food/ Beverage Audio Visual Other _____

* All expenses, including food/ beverage and audio visual, will be billed to your company directly through the appropriate vendor.

Room Set Type: Classroom Theatre Reception Other _____

Due to limited space, approvals are based upon availability and for exhibitors' internal meetings only. Room request pricing can vary based on individual requirements. Full payment must be received four weeks prior to the event.

For a locked room, please add an additional \$150 per key to my invoice: # of keys _____
(Max. 3 keys per room)

Space is on a first come, first served basis.

Email completed form to: operations@usa.messefrankfurt.com

Official use only:

Meeting Room Request _____ Approved _____ Denied _____

Signature _____

Date _____