

EVENT REQUEST FORM

3-5 OCTOBER 2016 WALTER E. WASHINGTON CONVENTION CENTER WASHINGTON, DC

2016 AUSA Annual Meeting & Exposition

Event Name:			
Event Date:	Event Start Time:	Event End Time:	
Name of Event P.O.C.:		Title:	WALTER E. WASHINGTON CONVENTION CENTER
Company Name:			
Address:		State: Zip:	
Phone#: ()		Cell#: ()	
Email:			
Total # of Expected Gu	uests:		
BASIC RC THEATER CONFERE RECEPTION for (#) STAGE(s): Dimensio	NCE for(#) / OTHER: for ons: (Si	T/6' Rounds for(#) / 00 C OW SQUARE for(#) / 00 C (#) tandard Stage Height is 24", standard riser	U-SHAPE for(#) / rs are 6'x8')
HEADTABLE for	#) PODIUM (Lectern)_	PERIMETER SEATING #	# of Chairs
REGISTRATION TAI otherwise specified		le (Note: Reg tables come stan	ndard w/ 2 chairs unless
LITERATURE TABLE	ES: # (Lit. Tables are inside	room w/ NO CHAIRS unless otherwise sp	ecified)
		nage in & around Meeting Rooms will be flo Center Authority, you may not tape signs to	
OTHER:			
	g Catering, Audio-Visual, Telephone/Inte	l a confirmation and information packet cor ernet, Equipment Rental, Freight/Collateral	I Shipping and Signage.

Please return form to AUSA, Fax 703-243-2589 or email mwenczkowski@ausa.org. All requests must be received by COB on Monday, 19 September 2016.



EVENT REQUEST FORM

3-5 OCTOBER 2016 WALTER E. WASHINGTON CONVENTION CENTER WASHINGTON, DC

2016 AUSA Annual Meeting & Exposition

Event Name:			
Event Date:	Event Start Time:	Event End Time:	
Company Name:			
	licy on function space requests for the C		
	and Individual Members not exhibiting or sp		
	Sustaining Members not exhibiting or spons		
Check enclosed – Payabl	e to AUSA		
Credit Card: 🛛 American	Express MasterCard VIS	A	
Card Number:		Exp. Date CVV Code MO. YR.	Billing Zip Code
Card Holder's Name:			
Signature:			
	se rental charges do not include specialty costs associated with the room. These ch		0
lf payin	st be on file in order to process room assig g by check, the check must be received by Credit cards will be charged on or a no refunds or cancellations after the card h	AUSA no later than 19 September 201 Around 19 September 2016.	16.
Plea	ase return form to AUSA, Fax 703-243-25 All requests must be received by COB o		