



EVENT REQUEST FORM

8-10 OCTOBER 2018
WALTER E. WASHINGTON CONVENTION CENTER
WASHINGTON, DC

2018 AUSA Annual
Meeting & Exposition

Event Name: _____

Event Date: _____ Event Start Time: _____ Event End Time: _____

Name of Event P.O.C.: _____ Title: _____

Company Name: _____

Address: _____ State: _____ Zip: _____

Phone#: (_____) _____ Cell#: (_____) _____

Email: _____

Total # of Expected Guests: _____



WALTER E. WASHINGTON
CONVENTION CENTER

ROOMSET: Is a floorplan available? Hand-drawn plan accepted. If a floorplan is available, please include it with this form.

Please complete the following: (**CIRCLE ALL THAT APPLY**)

BASIC ROOM SET-UP:



THEATER for _____ (#) /



BANQUET/6' Rounds for _____ (#) /



CLASSROOM for _____ (#) /



CONFERENCE for _____ (#) /



HOLLOW SQUARE for _____ (#) /



U-SHAPE for _____ (#) /

RECEPTION for (#) OTHER: _____ for _____ (#)

STAGE(s): Dimensions: _____ (Standard Stage Height is 24", standard risers are 6'x8')

HEADTABLE for _____ #) **PODIUM** (Lectern) _____ **PERIMETER SEATING** # of Chairs _____

REGISTRATION TABLES: # Outside + _____ / # Inside _____ (Note: Reg tables come standard w/ 2 chairs unless otherwise specified.)

LITERATURE TABLES: # _____ (Lit. Tables are inside room w/ NO CHAIRS unless otherwise specified)

EASEL One per Room unless otherwise specified. All signage in & around Meeting Rooms will be floor supported, as the rooms do NOT support hanging signs. Per Washington Convention Center Authority, you may not tape signs to walls.

OTHER: _____

AUSA will assign a room number to your event and send a confirmation and information packet containing contact information for requesting Catering, Audio-Visual, Telephone/Internet, Equipment Rental, Freight/Collateral Shipping and Signage.

Please return form to AUSA, Fax 703-243-2589 or email lwulf@ausa.org.
All requests must be received by COB on Monday, 17 September 2018.



EVENT REQUEST FORM

8-10 OCTOBER 2018
WALTER E. WASHINGTON CONVENTION CENTER
WASHINGTON, DC

2018 AUSA Annual
Meeting & Exposition

Event Name: _____

Event Date: _____ Event Start Time: _____ Event End Time: _____

Company Name: _____

AUSA has instituted a new policy on function space requests for the Convention Center only. The following Room Rentals will apply:

- Non-Members and Individual Members not exhibiting or sponsoring at the Annual Meeting: **\$800.00 per hour**
- Community Partners and National Partners not exhibiting or sponsoring at the Annual Meeting: **\$400.00 per hour**
- No charge for exhibiting companies, sponsoring companies, Chapters and Military/Government organizations.

☐ Check enclosed – Payable to AUSA

Credit Card: ☐ American Express ☐ MasterCard ☐ VISA

Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Exp. Date

MO.		YR.	

CVV Code

--	--	--	--

Billing Zip Code

--	--	--	--	--	--

Card Holder's Name: _____

Signature: _____

Please note that these rental charges do not include specialty equipment, audio visual, internet, food and beverage or any other costs associated with the room. These charges are the responsibility of the company.

A credit card must be on file in order to process room assignments (for those required to pay room rental only).

If paying by check, the check must be received by AUSA no later than 17 September 2018.

Credit cards will be charged on or around 17 September 2018.

There will be no refunds or cancellations after the card has been charged or a check has been received.

Please return form to AUSA, Fax 703-243-2589 or email lwulf@ausa.org.
All requests must be received by COB on Monday, 17 September 2018.