

EVENT REQUEST FORM

14-16 OCTOBER 2019 WALTER E. WASHINGTON CONVENTION CENTER WASHINGTON, DC

2019 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 Guests: _			
Note: space reservations a	re limited to 2 hours per company/organ	nization per day unl	ess special permission is granted
ROOMSET: Is a floorplan a	vailable? Hand-drawn plan accepted. If a flo	oorplan is available, p	lease include it with this form.
Please complete the following	ng: (CIRCLE ALL THAT APPLY)		
BASIC ROOM SE	ET-UP: (#) / BANQUET/6' Rounds	for(#) /	CLASSROOM for(#) /
CONFERENCE for	r(#) / HOLLOW SQUAR	RE for(#) /	U-SHAPE for(#) /
RECEPTION for (#) OTHE	R: for (#)		
STAGE(s): Dimensions:	(Standard Stag	ge Height is 24", stand	dard risers are 6'x8')
HEADTABLE for	#) PODIUM (Lectern)	PERIMETER SE	EATING # of Chairs
REGISTRATION TABLES: # otherwise specified.)	# Outside + / # Inside	(Note: Reg tables c	ome standard w/ 2 chairs unless
LITERATURE TABLES: # _	(Lit. Tables are inside room w/ NO	CHAIRS unless other	erwise specified)
	ess otherwise specified. All signage in & aro s. Per Washington Convention Center Autho		
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.



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AUSA has instituted a new policy on function space requests for the Convention Center only. The following Room Rentals will approximate the Annual Meeting: \$800.00 per hour Non-Members and Individual Members not exhibiting or sponsoring at the Annual Meeting: \$800.00 per hour Community Partners and National Parnters 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 Tedit Card: American Express MasterCard VISA *DO NOT EMAIL CREDIT CARD INFORMATION TO AUSA. CREDIT CARD PAYMENTS WILL ACCEPTED BY FAX OR OVER THE PHONE* Card Number: Exp. Date CVV Code Billing Zip Code MO. YR. Card Holder's Name:	Event Date:	Event Start Time:	Event End Time:
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Card Holder's Name:	Card Number:	Ex ₁	D. Date CVV Code Billing Zip Code
	Card Holder's Name:		
Signature:	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.

If paying by check, the check must be received by AUSA no later than 23 September 2019.

Credit cards will be charged on or around 23 September 2019.

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

Please return form to AUSA, <u>Fax 703-243-2589</u> or email <u>icws@ausa.org</u>. All requests must be received by COB on Monday, 16 September 2019.