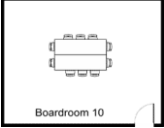
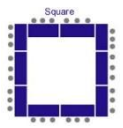
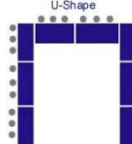
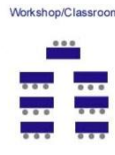
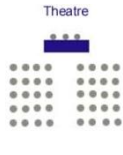
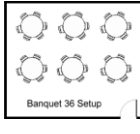


**2016 NFDA International Convention & Expo
Affiliate/Exhibitor Meeting Space Request Form**

Meeting space is assigned on a first come, first served basis for prescheduled events

Contact Name				Title		
Company Name						
Mailing Address						
Phone				Fax		
Email						
Event Name						
Event Day/Date	<input type="checkbox"/> Sunday, Oct. 23	<input type="checkbox"/> Monday, Oct. 24	<input type="checkbox"/> Tuesday, Oct. 25	<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:	
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
						
	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						

Fax this form to the NFDA Meetings Department at 262-789-6977 or email to Shari Foucault, sfoucault@nfda.org

Meeting Related Charges:

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

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	