AIAG Room Rental Request (Room rental includes use of Foyer and Lobby)

Requested By: _______________________________ Date: __________________

Phone Number: __________________________ Email Address: ________________________________

Company Name/Address/Website: ______________________________________________________

Event Name: ______________________________________________________

Proposed Meeting Date(s): ____________________________ Alternative Date: __________________

Arrival Time: _______ Registration Start Time: _____ Program: Start time: _______ End Time: _______

Projected # of Attendees Onsite: _______

**AV Equipment**

- Laptop - [ ] Projector - [ ] Conference phone - [ ]
- Microphone [ ] How Many: _____ Type: __________________

**Catering (All catering is responsibility of client. This section must be initialed for room to be reserved)**

- [ ] Client provides catering services (ordering, working with caterers, set-up and on-site supervision. AIAG provides tables only for caterers to set-up order. Please initial: ______

**Room Layout (include need for any speaker rooms, media rooms, exhibits, etc.)**

Specify requested layout for each room:

- [ ] Conference Room 7 # of people: ______
- [ ] Conference Room 8 # of people: ______
- [ ] Both Conference Rooms 7 and 8 # of people: ______
- [ ] Classroom [ ] U [ ] Theater [ ] Pods [ ] Square [ ] Board [ ] Other: __________________________
- [ ] Break out Rooms — Number of Break out Rooms: _____ Number of attendees per Break out Room(s): ______
- [ ] Classroom [ ] U [ ] Theater [ ] Pods [ ] Square [ ] Board [ ] Other: __________________________
Exhibitors (Exhibit materials must be brought and set-up the day of the event. Exhibitors receive one, 6’ table and access to electrical outlet).

# Exhibitors:        Exhibitor Rooms:

Please list all Exhibitors:

Speakers

# Speakers:  

☐ Speaker Panel  Number of speakers for panel:

Additional Request

☐ Please describe any additional request not addressed on form:

Please provide AIAG with current agenda

☐ Agenda attached

Approval

(Signature approves AIAG Room Rental Policies and Guidelines and Services Requested)

Customer Approval Signature:

Payment Information: *you must indicate payment selection for room reservation*

☐ I will pay by invoice. *PO number required to process*

☐ Total amount enclosed:

☐ AIAG accepts Visa, MasterCard and American Express. (Credit Cards: For your safety we ask that you do not provide your credit card details to us on this form; instead please provide us with a contact name and phone number to call for credit card information for this sponsorship application.)

Contact Name:

Phone:

Please return completed form to Shannon Osburn at sosburn@aiag.org.

AIAG use only: AIAG Approval Signature

Commercial Development Director: ___________________________ Date: ___________________________