



# Meeting Agreement and Work Order

## 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: \_\_\_\_\_



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**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](mailto:sosburn@aiag.org) .

## AIAG use only: AIAG Approval Signature

Commercial Development Director: \_\_\_\_\_ Date: \_\_\_\_\_