

PROPOSAL REQUEST FORM - TRADESHOW/EXPO

Contact Information:

Contact Name: Company/Organization: Telephone #: Cell:

Office:

Name of Event:

Date(s) of Event:

Move In Time(s):

Event Start Time(s):

Event End Time(s):

Move Out Time(s):

Expected Attendance / Number of Participants?

Available Spaces:

Great HallSq. Ft. 23,402(Max Cap Variable)MezzanineSq. Ft. 4,848(Max Cap Variable)Plaza(Additional Permits May Be Required)LobbySq. Ft. 10,6841st Floor Meeting RoomsSq. Ft. 1,200 each per room (Max Cap 80)2nd Floor Meeting RoomsSq. Ft. 246-506 variable per room (Max Cap Variable)

Tradeshow/Expo:

Will you provide a Decorator?	Yes	No
Will you have Tabletops?	Yes	No
Will you have Booths?	Yes	No
Will you provide a DJ?	Yes	No
Will you use the Stage? (Great Hall Level)	Yes	No
Will you have a live band?	Yes	No
Will you need Staging? (Mezzanine Level)	Yes	No





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Will you need Microphones?	Yes	No		
Will you need a Podium?	Yes	No		
Will you need a Screen and Projector?	Yes	No		
Would you like Theatrical/Special Lighting?	Yes	No		
Will you need A/V?	Yes	No		
Will you need Internet?	Yes	No		
*Please note that the Great Hall and Mezzanine only have WiFi.				
*Please note the City Center does not provide "hard lines" for Phones.				
* Will you need Electric?	Yes	No		
*Provided by Edlen Electric				

Tradeshow/Expo Food and Beverage requirements:

Coffee/Juice/Water Breaks:		AM	PM	
Breakfast:	A La Carte	Buffet	Plated	Continental
Dinner:	Buffet	Cold Reception Display		
	Plated	Hot Recep	Hot Reception Display	
Special meals re	quirements:	ents: Vegetarian Gluten Free		
Other:				
Type of Hors D'oeuvres: Display F		Pas	sed	
Hot/Cold Drinks	:	Yes	No	
Cocktail Service:	ail Service: Premiu		Brands	Red Wine
		White/Sparling Wine		
		Beer	Full Bar	
Bar Requiremen	ts:	Cash Bar	Hos	sted Bar
Concessions?	Yes	No		

Additional Information:

Setup and breakdown charges may vary.

Outside Food and Beverage is not permissible.

Insurance option:	Provide Own		Provided by Venue
Do you have any Spe	cial security needs?	Yes	No
Do you have any othe	er special needs?	Yes	No
Will you need Valet?		Yes	No
Do you have any othe	er Parking Needs?	Yes	No





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Layout: (Please describe your ideal layout below)

