



MEETING & FUNCTION SPACE ORDER FORM

DEADLINE DATE: June 18, 2021

AWFS® must approve the meeting space at your designated hotel. The hotel will notify you of availability and costs regarding your meeting function and space. No payment is required with this form.

Las Vegas Convention Center There is a charge of \$400 paid to AWFS® that must accompany this request. The charge is for room set and a 22" x 28" easel sign. Any and all additional charges, such as food & beverage and audio visual must be paid directly to the Las Vegas Convention Center or respective vendor.

Event Name: _____

Event Date: _____ Anticipated Attendance: _____

Start Time: _____ End Time: _____

Type of Event: *(i.e. sales meeting, reception)* _____

Contact Name: _____ Contact Email: _____

Event Room Set:	conference (board room)	theatre style
	hollow square	school room
	round tables	other _____
Head Table:	YES NO	

To reserve space for a meeting or event, please note the following:

- 1) You must be an exhibitor in good standing to secure meeting & function space. Should you cancel your exhibit space, your meeting and function space and your deposit will be automatically forfeited.
- 2) Any and all additional charges related to your function, including but not limited to food and beverage and audio visual are your responsibility to pay directly to the vendor(s) involved.
- 3) Any and all additional requirements at the Las Vegas Convention Center must be secured through the Convention Center's exclusive vendors, i.e. Center Plate for food and the 2021 AWFS® Fair official vendors, i.e. Freeman for audio visual. For catering services, please contact Christine Novela at Center Plate (702) 943-6753. For audio visual services call Freeman at (714) 772-9049.

Company Name: _____ Booth #: _____

Contact Person: _____

Company Address: _____ City: _____

_____ State: _____ Zip: _____ Phone: _____

_____ Fax: _____

Email: _____

Payment Information for convention center meeting space:

Credit Card Amount: \$ _____

_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _	_ _ _
Card Number			Exp. Date	

Cardholder's Name: _____ **Signature** _____

Card Billing Address: _____

Return to: AWFS® Fair – Attn: Kim Roehricht – Email: kim@awfs.org

