PART IIIB – FUNCTION SET-UP ORDER (WITH EXHIBITS)

Date Originated:

Date Revised:
(Repeat for additional revisions as necessary.)

A. Event Details

Event Name:

Event Organizer/Host Organization:

Event Contact First Name:

Event Contact Last Name:

Event Contact Phone Number:

Event Contact Email:

Number of Exhibitors Attending: __________________________

Number of Domestic Exhibitors: ___________________________

*Note: Domestic Exhibitors live in the same country where the event is held

Number of International Exhibitors:

Demographics Profile (Exhibitors Only):

Number of Exhibiting Companies/Organizations Represented:

B. Exhibit Hall / Room Details

Exhibit Hall/Room Name*: __________________________

Exhibitor Registration Location(s) :

Number of Exhibits:

Gross Square Feet Used:

Gross Square Meters Used:

Net Square Feet Used:

Net Square Meters Used:

Exhibit Rules & Regulations Attached: ☐ Yes ☐ No

Show Dates and Times:

<table>
<thead>
<tr>
<th>Day/Date</th>
<th>Show Hours</th>
<th>Show Hours</th>
<th>Show Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Storage Needs:

Anticipated POV (Privately Owned Vehicle) Deliveries (#): __________________________
Exhibit Hall/Room Schedule:
Contracted Start Date: _________________  Contracted Start Time: _________________
Contracted End Date: _________________  Contracted End Time: _________________

Service Contractor Schedule
Move-in Begin Date*: _________________  Move-in Begin Time*: _________________
Move-out Begin Date*: _________________  Move-out End Time*: _________________

Exhibitor Schedule
Move-in Begin Date*: _________________  Move-in Begin Time*: _________________
Move-out Begin Date*: _________________  Move-out End Time*: _________________

C. SECURITY
# of Keys Required: ____________
Key(s) should be:  □ House/Standard Key  □ Re-keyed
Security Required:
□ Not Required  □ Booth To Provide
□ Venue To Provide  □ Outside Vendor To Provide

If Not Required, go to Section D. Otherwise, complete the following:
Security Company Name: _____________________________
Security Start Time: _____________________________
Security End Time: _____________________________
Security Instructions/Requests: _____________________________

D. Accessibility
Accessibility/Special Needs Instructions:

E. Signage
Signage Instructions/Requests:

F. Food & Beverage (F & B)
□ Not Required  □ Booth To Provide
□ Venue To Provide  □ Outside Vendor To Provide

If Not Required, go to Section G. Otherwise, complete the following:
F&B Service Time: _____________________________
Anticipated Attendance: _____________________________
F&B Guarantee:  _________________________________________
Set for:  _________________________________________
Meal Type:
- Continental Breakfast
- Breakfast
- Brunch
- Lunch
- Dinner
- Break
- Reception
- Hospitality
- Other:

Service Type:
- Boxed
- Buffet
- Plated
- Other:

F&B Menu

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Price</th>
<th>Per (Person, gallon, tray, etc.)</th>
</tr>
</thead>
</table>

F&B Comments:
*Note: This can address dietary requirements, alcohol policies, and other special issues.*

G. Exhibitor Information

Information regarding all exhibiting companies should be provided (sections G, H, I and J).

Booth #*:

Booth Width*:

Booth Depth*:

H. Exhibiting Company Information

Company Name*:

Company Division / Department*:

Mailing Address Line 1*:

Mailing Address Line 2:

City*:

State/Province*:

Zip/Postal Code*:
I. Exhibitor Contact(s)

Key Contact for Booth*: ☐ Yes ☐ No

Contact Type*: ☐ Exhibitor  ☐ Third Party (Exhibitor-Appointed Contractor)

If Third Party (Exhibitor-Appointed Contractor), go to section K.

Contact Prefix (e.g., Mr., Dr.):

Contact First Name*:

Contact Middle Name:

Contact Surname Prefix (e.g., Mac, Vander):

Contact Last Name*:

Contact Suffix (e.g., Jr., Sr.):

Contact Name Title (e.g., CPA, Ph.D.):

Contact Preferred Name:

Contact Job Title*:

Contact Employer Name*:

Contact Mailing Address Line 1*:

Contact Mailing Address Line 2:

Contact Mailing City*:

Contact Mailing State/Province*:

Contact Mailing Postal/Zip Code*:

Contact Mailing Country*:

Contact Phone Number*:

Phone Number Extension:

Contact Mobile Phone Number:

Contact Fax Number:

Contact Email*:

J. Exhibitor Billing Instructions

Booth is tax-exempt: ☐ Yes ☐ No

Tax-Exempt ID#:

Tax-Exempt Type: ☐ State  ☐ Federal

Authorized Signatories:

K. Third Party (Exhibitor-Appointed Contractor)