

**Hospitality Suite / Meeting Room
RESERVATION REQUEST FORM**

DEADLINE: April 4, 2014

Please complete the following if you would like to reserve a Hospitality Suite / Meeting Room:

Exhibiting Company Name: _____ Booth #: _____

Name of Event: _____

Description/Purpose of Event: _____

Who will attend (ex: existing customers, employees, potential customers, open to all Turbo delegates, etc.):

Organizing Contact: _____ On-site Contact: _____

Telephone: _____ Fax: _____

Email: _____

Would you like IGTI to include this event in the Final Program? (If yes, contact igtiexpo@asme.org for further explanation): YES NO

Rooms and hospitality suites are available for rent for any official exhibiting company. To request a proposal, please complete the basic information below and fax the request to the number indicated. Please note all requests are subject to approval by Turbo Expo organizers.

Preferred Date	Preferred Time	Preferred Property	Room Type
<input type="checkbox"/> Monday, June 16	_____	<input type="checkbox"/> Congress Center	<input type="checkbox"/> Meeting Room
<input type="checkbox"/> Tuesday, June 17	_____	<input type="checkbox"/> Tulip Inn Arena	<input type="checkbox"/> Hospitality Suite
<input type="checkbox"/> Wednesday, June 18	_____	<input type="checkbox"/> Hilton Dusseldorf	<input type="checkbox"/> Other _____
<input type="checkbox"/> Thursday, June 19	_____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Friday, June 20	_____		

Function Type	Catering Requirements	Number Expected
<input type="checkbox"/> Standing Reception	<input type="checkbox"/> Buffet - Standing	<input type="checkbox"/> Less than 10
<input type="checkbox"/> Sit-down Lunch or Dinner	<input type="checkbox"/> Buffet - Sitting	<input type="checkbox"/> 10-20
<input type="checkbox"/> Private Meeting	<input type="checkbox"/> Sit Down Meal	<input type="checkbox"/> 21-50
<input type="checkbox"/> Product Demo	<input type="checkbox"/> Light Refreshments	<input type="checkbox"/> 50-100
	<input type="checkbox"/> No Catering Required	<input type="checkbox"/> More than 100

Room Set: Classroom Theater U-Shape Other _____

Please identify required AV:

- Laptop Computer LCD Projector
- Podium Microphone (Type): _____
- Screen Other: _____

Special Notations/Requests: _____

I understand that by signing this form, _____, (Company) will abide by the exhibitor policies and procedures as laid out in the exhibitor contract.

Please sign here: _____

Date: _____

Payment Information:

- Check (payable to EXTRAS)
- Wire Transfer – Contact for details
- Credit Card (Amex, Visa, MasterCard)

Name on Card: _____

Billing Address: _____

Billing Address: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Signature: _____

RETURN THIS FORM VIA EMAIL OR FAX TO:
ASME Turbo Expo Affiliate Meeting Management
Fax: +1 770-234-6161 Toll Free Fax: 1 (800) 520-8314
Email: igtihousing@asme.org
Or for more information call +1 770-944-0331/Toll Free 1(800) 507- 8010

INTEROFFICE ONLY _____