



The APEX Event Specifications Guide Template

*Approved by the Convention Industry Council on September 30, 2004
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ACCEPTED PRACTICES

1. The term *Event Specifications Guide* or *ESG (acronym)* should be the industry's official term for the document used by an event organizer to convey information clearly and accurately to appropriate venue(s) and/or suppliers regarding all requirements for an event. This is a four-part document which includes:
 - Part I: The Narrative – general overview of the event.
 - Part II: Function Schedule – timetable outlining all functions that compose the overall event.
 - Part IIIa: Function Set-up Order – specifications for each function that is part of the overall event (each function of the event will have its own Function Set-up Order).
 - Part IIIb: Function Set-up Order (Exhibitor Version) – specifications for each booth/stand that is part of an exhibition.

This is based on accepted terminology defined in the *APEX Industry Glossary*. The *Glossary* defines an event as “an organized occasion such as a meeting, convention, exhibition, special event, gala dinner, etc. An event is often composed of several different yet related functions.” The *Glossary* also defines a function as “any of a group of related organized occasions that contribute to a larger event” (e.g. registration area, coat check, rehearsal, outside display, seating area, office, poster session, green room, emergency information area, breakout session, etc.).

2. The *APEX ESG* should be the industry's accepted format for the conveyance of information regarding the requirements of an event.
3. The following fields in the *Narrative* portion of the *ESG* require information input and are designated by *. An acceptable input is “Not Applicable” or “NA”:

Date Originated

Date Revised

Event Profile

- Event Name
- Event Organizer/Host Organization Mailing Address Line 1
- Event Organizer/Host Organization City
- Event Organizer/Host Organization State/Province
- Event Organizer/Host Organization Postal/Zip Code
- Event Organizer/Host Organization Country
- Event Organizer/Host Organization Phone
- Event Type

Dates & Times

- Published Event Start Date
- Published Event End Date
- Pre-Event Meeting
 - Day & Date
 - Time
 - Location
 - Attendees
- Post-Event Meeting
 - Day & Date
 - Time
 - Location
 - Attendees

Key Event Contacts

- Complete information for a minimum of one (1) key event contact person

Attendee Profile

- Accessibility/Special Needs

Housing

- Room Block(s) - Complete information for a minimum of one (1) Hotel or Housing Facility
- Reservation method
- Accessibility/Special Needs Rooms

Safety & Security

- Medical/Emergency Instructions
- Key Event Organizer/Host Organization Contact in Case of Emergency/Crisis
- Crisis & Emergency Instructions

- On-site Communications
- Hours of surveillance
- Areas for surveillance
-

Food & Beverage

- Special Requirements
- Catered Food & Beverage Total Expected Attendance Chart

Transportation

- Attendee Shuttle Provided

Shipping/Receiving

- One line of the Shipping Grid
- Expected Outbound Shipping Requirements

Billing Instructions

- Group is tax-exempt
- Room & Tax to Master
- Incidentals to Master
- Guests Pay on Own
- Negotiated Items/Services
- Final Bill to Be Provided to (contact name)
- Final Bill to Be Sent to (mailing address)

Authorized Signatories

- Complete information for a minimum of one (1) authorized signatory

4. There should be various stages in the evolution of the *APEX ESG* and the processes used to complete it:

Stage I - The form will be a word processing file and be completed manually. It will be shared by event organizers and venues/suppliers in electronic and/or hard copy form.

- Every facility and vendor involved in an event should receive a complete copy of the final ESG.
- Each ESG will include dates for pre- and post-event meetings to review and revise information.
- The ESG should be shared in a way that, when changes are made, they can be properly tracked and identified. Specifically, when a change is made from the original published document, a revised date should be inserted, and any change should be highlighted and dated within the document.
- The Function Set-up Order (Exhibitor Version) should be used by exhibitors to communicate booth/stand needs to show management and other vendors. Additionally, show managers can use the form to guide exhibitors through the process of determining and relaying their set-up requirements.
- The suggested timetable for the completion and sharing of the information contained in this document is dependent upon the size and complexity of the meeting, convention, or exhibition.
 - **At a minimum**, an event organizer should send the ESG to all facilities and vendors four weeks prior to the start of the event.
 - **Also, at a minimum**, facilities and vendors should respond with completed orders [production schedules, Banquet Event Orders (BEOs), etc.] no later than two weeks prior to the event.

While these are recommended guidelines, the needs of each facility and vendor will vary. Event organizers should confer with suppliers to determine the timeline and deadlines for this information. Also, all parties should consult the relevant contract because that could override any recommendation in this document.

Stage II - When industry-related software is updated and new software is developed, programmers will ensure that the APEX data map is referenced so that all data fields are defined correctly and are able to efficiently capture, store, and share information from the APEX ESG. This will allow for more automated sharing and updating of the report.

5. The Convention Industry Council will annually convene a special committee of professionals from across the meetings, conventions, and exhibitions industry to review all recommendations to the contents of the APEX Event Specifications Guide that have been received in the preceding year. This special committee will consult and confirm that changes to the report are required. It will then make a formal recommendation to the Convention Industry Council for action.

APEX EVENT SPECIFICATIONS GUIDE (ESG) TEMPLATE

Instructions for Use

The *ESG* is a written document that is all inclusive of event details. It includes three sections: 1) Narrative 2) Function Schedule and 3) Function Set-up Order. The following templates will assist event organizers in compiling complete information for a venue partner and contractor/supplier partners. Note the following:

1. Required Information: Several fields require information input. These items are designated by *.
2. Every function must have its own Function Set-up Order.
3. Every function must have a number. All diagrams, photos, sign copy, etc. refer to the function number at all times. When a new function is added, it is at the discretion of the planner whether to order in sequence, or to use "intermediate numbers." Anything other than whole numbers must be formatted as 1a, 1b, 1c, etc. When a function in sequence is cancelled, the function number should not be reassigned.
4. Every section may not apply for every event.
5. Changes & Revisions: ESGs should be shared in a way that, when changes are made, they can be properly tracked and identified. Specifically, when a change is made from the original published document, a revised date should be inserted, and any change should be highlighted and dated within the document.
6. The Function Set-up Order (Exhibitor Version) should be used by exhibitors to communicate booth/stand needs to show management and other vendors. Additionally, show managers can use the form to guide exhibitors through the process of determining and relaying their set-up requirements.

PART I – Narrative

Date Originated*: _____

Date Revised*: _____

Repeat for additional revisions as necessary.

A. EVENT PROFILE

Event Name*: _____

Event Organizer/Host Organization: _____

Event Organizer/Host Organization Phone*: _____

Event Organizer/Host Organization Mailing Address Line 1*: _____

Event Organizer/Host Organization Mailing Address Line 2: _____

Event Organizer/Host Organization City*: _____

Event Organizer/Host Organization State/Province*: _____

Event Organizer/Host Organization Postal/Zip Code*: _____

Event Organizer/Host Organization Country*: _____

Event Organizer/Host Organization Web Address: _____

Event Web Address: _____

Event Organizer/Host Organization Overview (*mission, philosophy, etc.*): _____

Event Objectives: _____

Event
Scope:

Drop Down Options:

- Citywide
- Single Venue
- Multiple Venue
- Other: _____

Event Type*:

Drop Down Options:

- Board Meeting
- Committee Meeting
- Customer Event
- Educational Meeting
- General Business Meeting
- Incentive Travel
- Local Employee Gathering
- Product Launch
- Public/Consumer Show
- Sales Meeting
- Shareholders Meeting
- Special Event
- Team-Building Event
- Training Meeting
- Trade Show
- Video Conference
- Other: _____

Event
Frequency:

Drop Down Options:

- One Time Only
- Biennial
- Annual
- Semi-Annual
- Quarterly
- Monthly
- Other: _____

Event is mandatory for attendees: Yes No

Spouses & Guests are invited to attend: Yes No

Children are invited to attend: Yes No

Other Event Profile Comments: _____

B. KEY DATES, TIMES, & LOCATIONS

Refer to the complete Schedule of Events (Part II of the ESG) for complete details on all functions and scheduled activities.

Primary Event Facility Name: _____ Event Location City: _____

State/Province: _____ Country: _____

Published Event Start Date*: _____

Published Event End Date*: _____

Pre-Event Meeting

Day & Date*: _____

Time* (US & Military via auto calc): _____

Location*: _____

Attendees*: _____

Post-Event Meeting

Day & Date*: _____

Time* (US & Military via auto calc): _____

Location*: _____

Attendees*: _____

Pre-Event Move-in & Set-up Required: Yes No

If Yes, Specific Schedule Will Be Provided By: _____ (e.g. name of contractor)

Other Dates & Times Comments: _____

e.g. registration desk hours, daily review meetings

C. KEY EVENT CONTACTS

Use this section to list all key personnel for the event (e.g. staff, exhibits manager, general services contractor, A/V company, security company, preferred shipper).

Event Organizer/Host Organization Contacts

Name Title Company	Address Telephone Fax Email Mobile Phone	Description of Responsibilities	Location During Event	Emergency Contact?
Contact1 Name* Contact1 Title* Contact1 Company*	Contact1 Address* Contact1 Telephone* Contact1 Fax* Contact1 Email* Contact1 Mobile Phone*	Contact1 Responsibilities*	<input type="checkbox"/> On-Site* <input type="checkbox"/> Off-site*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Repeat for additional Contacts as necessary.</i>				

Supplier Partner Contacts

Name Title	Address Telephone	Description of Responsibilities	Location During Event
---------------	----------------------	------------------------------------	--------------------------

Company	Fax Email Mobile Phone		
Contact1 Name* Contact1 Title* Contact1 Company*	Contact1 Address* Contact1 Telephone* Contact1 Fax* Contact1 Email* Contact1 Mobile Phone*	Contact1 Responsibilities*	<input type="checkbox"/> On-Site* <input type="checkbox"/> Off-site*
<i>Repeat for additional Contacts as necessary.</i>			

Other Event Contacts Comments: _____

D. ATTENDEE PROFILE

See Section E for the Exhibitor Profile.

Expected Total Event Attendance: _____

Number of Pre-Registered Attendees: _____

Number of Domestic Attendees: _____

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

Number of International Attendees: _____

Demographics Profile (Attendees Only): _____

Accessibility/Special Needs*: _____

Note: Use this section to outline any special needs the group has.

Other Attendee Profile Comments: _____

E. EXHIBITOR PROFILE

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: _____

Accessibility/Special Needs*: _____

Note: Use this section to outline any special needs the group has.

Other Exhibitor Profile Comments: _____

F. ARRIVAL/DEPARTURE INFORMATION

Major Arrivals: _____

Major Departures: _____

Group Arrivals/Departures: _____

Porterage/Luggage Delivery Requirements: _____

Luggage Storage Requirements: _____

Drive-in and Parking Instructions: _____

Fly-in Instructions: _____

Other Arrival/Departure Comments: _____

G. HOUSING

Room Block(s)*:

For a multi-hotel/housing facility event, name all housing facilities and specify the headquarters

Facility Name	HQ Hotel?	Day 1	Day 2	Day 3	Additional days as necessary
Facility Name1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Final Room Block #	Final Room Block #	Final Room Block #	
Additional facilities as necessary					

Reservation method*: _____

Third-Party Housing Provider Used: Yes No

If Yes, Housing Provider Company Name: _____

Suites: _____

Double/Single Occupancy: _____

Accessibility/Special Needs Rooms*: _____

Amenities: _____

In-room deliveries: _____

Room Drops (outside doors): _____

Other Housing Comments: _____

Note: See Section D for VIP information

H. VIPs – VERY IMPORTANT PERSONS

Name	Title	Employer	Arrival Date & Time	Departure Date & Time	Amenities	Upgrades	Relationship to the Event	Comments e.g. special billing, airport transfers
VIP1								
VIP2								
Repeat for additional VIPs as necessary.								

I. FUNCTION SPACE

Use this section to address any special issues or situations that apply to the event.

Off-site Venue(s): _____

Function Rooms: _____

Message Center: _____

Office(s): _____

Registration Area(s): _____
 Lounge(s): _____
 Speaker Ready Room(s): _____
 Press Room: _____
 Storage: _____
 General Reader Board Information: _____
 Other Function Space Comments: _____

J. EXHIBITS

Location(s) of Exhibits: _____
 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:

Day/Date	Show Hours	Show Hours	Show Hours

Storage Needs: _____
 Anticipated POV (Privately Owned Vehicle) Deliveries (#): _____

Exhibitor Schedule

Move-in Begin Date: _____ Move-in End Date: _____
 Move-in Begin Time: _____
 Move-out Begin Date: _____ Move-out End Date: _____
 Move-out End Time: _____

Service Contractor Schedule

Move-in Begin Date: _____ Move-in End Date: _____
 Move-in Begin Time: _____
 Move-out Begin Date: _____ Move-out End Date: _____
 Move-out End Time: _____

See Section B: Dates & Times for Targeted Move-in Information

Other Exhibits Comments: _____

K. UTILITIES

Use this section to describe any special situations in regard to Engineering, Rigging, Electrical, Water, Telecommunications, etc.

L. SAFETY, SECURITY & FIRST-AID

Medical/Emergency Instructions*: _____

Key Event Organizer/Host Organization Contact in Case of Emergency/Crisis*: _____

Crisis & Emergency Instructions*: _____

On-site Communications Protocol*: _____

General Security/Surveillance: Not Required Group To Provide Venue To Provide
 Outside Vendor To Provide: _____ (company name)

Day/Date	Location	Hours (start & end)	Hours (start & end)	Hours (start & end)

First-Aid Services: Not Required Group To Provide Venue To Provide
 Outside Vendor To Provide: _____ (company name)

Day/Date	Location	Hours (start & end)

Keys

Location	Function Name	Start Day & Time	End Day & Time	# of Keys Required	Key Type
					<input type="checkbox"/> House/Standard <input type="checkbox"/> Re-Keyed

VIP and/or Police Escorted Movements: _____

Other Security Comments: _____

M. FOOD & BEVERAGE

Special Requirements*: _____

Catered Food & Beverage Total Expected Attendance*

	Day 1	Day 2	Day 3	Day 4	<i>Repeat for additional days as necessary.</i>
Breakfast(s)	#	#	#	#	
AM Break(s)	#	#	#	#	
Lunch(s)	#	#	#	#	
PM Break(s)	#	#	#	#	
Reception(s)	#	#	#	#	
Dinner(s)	#	#	#	#	

On-Site F&B Description: _____

Off-Site F&B Description: _____

Anticipated Outlet/Concession Usage: _____

Other Food & Beverage Comments: _____

N. SPECIAL ACTIVITIES

Recreational Activities: _____
 Guest Programs: _____
 Tours: _____
 Pre- & Post-Event Programs: _____
 Entertainment: _____
 Children's Programs: _____
 Other Special Activities Comments: _____

O. AUDIO/VISUAL REQUIREMENTS

Use this section to address any special issues or situations that apply to the event.

P. TRANSPORTATION

Attendee Shuttle Provided*: Yes No

If Yes, complete the following:

Day & Date <i>(i.e., Monday, mm/dd/yyyy)</i>	Route Name	Start Time	End Time	Frequency
Repeat for additional occurrences as necessary.				

Transportation Provider: _____

Shuttle(s) Provided for Off-Site Events: Yes No

If Yes, complete the following:

	Off-Site Function 1	Off-Site Function 2	Off-Site Function 3	Off-Site Function 4	Additional Off-Site Functions as Necessary
Departure Location					
Departure Date/Time					
Drop-off Location					
Drop-off Date/Time					
Return Location					
Return Date/time					
Transportation Provider					

Other Transportation Comments: _____

Q. IN CONJUNCTION WITH (ICW) GROUPS

Use this section to list and describe any In Conjunction With (ICW) groups of which suppliers for this event should be aware. Full contact information for the main point of contact should also be included. Additionally, note any important rules and regulations regarding these groups.

R. MEDIA/PRESS

Use this section to address any special issues or situations that apply to the event (e.g. contact information for the person to whom all media inquiries should be sent).

S. SHIPPING/RECEIVING

From:	To:	Shipper:	# of Items:	Expected Delivery Date
(contact and address)	(contact and address)			

Expected Outbound Shipping Requirements*: _____

Dock Usage: _____

Freight Elevator Usage: _____

Drayage To Be Handled By: _____

Other Shipping/Receiving Comments: _____

T. HOUSEKEEPING INSTRUCTIONS

Use this section to address any special issues or situations that apply to the event.

U. FRONT DESK INSTRUCTIONS

Use this section to address any special issues or situations that apply to the event.

V. OTHER REQUIREMENTS

W. BILLING INSTRUCTIONS

Final Bill to Be Provided to*: _____ (contact name)

Final Bill to Be Sent to*: _____ (mailing address)

Special Concessions and Negotiated Items/Services*

Description
Item/Service1
Item/Service2
<i>Repeat for additional items/services as necessary.</i>

On-Site Bill Review Instructions: _____

Third-Party Billing Instructions: _____

Use this section to give specific instructions for goods & services that the event organizer is not responsible for (e.g. contractors expenses, etc.)

Group is tax-exempt*: Yes No

If yes, Tax Exempt ID #: _____

Room & Tax to Master*: Yes No

Incidentals to Master*: Yes No

Guests Pay on Own*: Yes No

X. AUTHORIZED SIGNATORIES

Full Name	Title	Approval Authority
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Signatory1 Full Name*	Signatory1 Title*	Indicate Approval Authority Instructions*
<i>Repeat for additional Signatories as necessary.</i>		

PART II – Function Schedule

Date Originated: _____

Date Revised*: _____
Repeat for additional revisions as necessary.

Event Name: _____

Event Organizer/Host Organization: _____

Contact Name: _____

Contact Phone: _____

Day & Date	Function Start Time (US & Military via auto calc)	Function End Time (US & Military via auto calc)	Function Name	Facility	Room Name	Set-up	Set For	Function #	Posting Instructions	24-Hour Hold?
						^			<input type="checkbox"/> Post <input type="checkbox"/> Do Not Post	<input type="checkbox"/> Yes <input type="checkbox"/> No

Function Schedule Comments: _____

^enter primary set-up designated on the function's function order.

PART IIIa – Function Set-up Order

Date Originated: _____

Date Revised*: _____

Repeat for additional revisions as necessary.

A. EVENT DETAILS

Event Name: _____

Event Organizer/Host Organization: _____

Contact Name: _____

Contact Phone: _____

B. FUNCTION DETAILS

Function #: _____

Function Name: _____

Function Type:

Drop Down Options:

- Break Out
- Coat Check
- Dressing/Green Room
- Exhibit
- General Session
- Meeting
- Office
- Photo Room
- Poster Session
- Registration
- Speaker Room
- Storage
- Workshop
- Other

Post to Reader Board? Post Do Not Post

If Post, Post As: _____

Function Location: _____

Key Event Personnel for this Function: _____

Attendance: _____

Function Start Day/Date: _____

Function Start Time (US & Military via auto calc): _____

Function End Day/Date: _____

Function End Time (US & Military via auto calc): _____

Set Up By (US & Military via auto calc): _____

Dismantle No Later than (US & Military via auto calc): _____

Catered Function: Yes No

C. ROOM SET-UP

Room Set-up Diagram Attached: Yes No

Note: The set-up diagram should indicate A/V placement and electrical needs.

Room Set Room For: _____ (qty.)

Primary Room Set-up:

Drop Down Options:

- 10x10 exhibits
- 8x10 exhibits
- Island Exhibit
- Peninsula Exhibit
- Perimeter Exhibit
- Tabletop exhibits
- Banquet Rounds for 10
- Banquet Rounds for 12
- Banquet Rounds for 8
- Board Room (Conference)
- Classroom - 2 per 6 ft. tables
- Classroom - 3 per 6 ft. tables
- Classroom - 3 per 8 ft. tables
- Classroom - 4 per 8 ft. tables
- Classroom (Chevron) - 2 per 6 ft. tables
- Classroom (Chevron) - 3 per 6 ft. tables
- Classroom (Chevron) - 3 per 8 ft. tables
- Classroom (Chevron) - 4 per 8 ft. tables
- Cocktail Rounds
- Crescent Rounds of 5
- Crescent Rounds of 6
- Crescent Rounds
- E-shaped
- Existing
- Flow (no tables or chairs)
- Hollow square
- Perimeter Seating
- Registration
- Royal conference
- Talk Show
- Theater
- Theater - Semi-circle
- Theater - Chevron
- T-shaped
- U-shaped
- Other: _____

Secondary Room Set-up:

Choose all that apply:

- Perimeter Seating set for _____ (qty.)
- Talk Show Set-up set for _____ (qty.)
- Head Table for _____ (qty.)
- Lectern [see Section D (A/V) for style & quantity]
- Rear Screen Projection [see Section D (A/V) for details]
- Riser
 - If yes,
 - Riser Height: _____ in. (_____ cm)
 - Riser Width: _____ in. (_____ cm)
 - Riser Depth: _____ in. (_____ cm)
- Dance Floor
 - If yes,
 - Dance Floor Length: _____ in. (_____ cm)
 - Dance Floor Width: _____ in. (_____ cm)
- Other: _____

Other Set-up Requirements (choose all that apply):

- Water Service for Speaker(s)/Moderator(s)
- Water Service for table(s)
- Water Service for back of room
- Pads/Pens for tables
- Candy for tables
- VIP Set-up *If yes, Describe:* _____
- Table(s) in back of room (for literature, etc.) *If yes, Quantity:* _____
- Other: _____

Special Requirements: _____

Room Set-up Comments: _____

D. AUDIO/VISUAL (A/V)

- Not Required Group To Provide
 - Venue To Provide Outside Vendor To Provide
- If Not Required, go to Section E. Otherwise, complete the following:*

A/V Company Name: _____

A/V Equipment/Services Needed (choose all that apply):

Item	Quantity	Item Price	Item Detail/Comments
<input type="checkbox"/> 35mm Projector w/ Remote	_____	_____	_____
<input type="checkbox"/> Audio Recording	_____	_____	_____
<input type="checkbox"/> Background Music	_____	_____	_____
<input type="checkbox"/> Blackboard w/ Eraser & Chalk	_____	_____	_____
<input type="checkbox"/> Closed Circuit Video	_____	_____	_____
<input type="checkbox"/> Data Projector	_____	_____	_____
<input type="checkbox"/> Dry Erase Board w/ Eraser & Markers	_____	_____	_____
<input type="checkbox"/> DVD Player	_____	_____	_____
<input type="checkbox"/> Easel	_____	_____	_____
<input type="checkbox"/> Electric Pointer	_____	_____	_____
<input type="checkbox"/> Flipchart & Markers	_____	_____	_____
<input type="checkbox"/> Lectern (standing)	_____	_____	_____
<input type="checkbox"/> Lectern (table)	_____	_____	_____
<input type="checkbox"/> Microphone – Wired Lavalier	_____	_____	_____
<input type="checkbox"/> Microphone – Wired Lectern	_____	_____	_____
<input type="checkbox"/> Microphone – Wired Standing	_____	_____	_____
<input type="checkbox"/> Microphone – Wired Table	_____	_____	_____
<input type="checkbox"/> Microphone – Wireless Lavalier	_____	_____	_____
<input type="checkbox"/> Microphone – Wireless Lectern	_____	_____	_____
<input type="checkbox"/> Microphone – Wireless Standing	_____	_____	_____
<input type="checkbox"/> Microphone – Wireless Table	_____	_____	_____
<input type="checkbox"/> Monitor Cart	_____	_____	_____
<input type="checkbox"/> Overhead Projector	_____	_____	_____
<input type="checkbox"/> Personal Computer – Desktop	_____	_____	_____
<input type="checkbox"/> Personal Computer - Laptop	_____	_____	_____
<input type="checkbox"/> Personal Computer - Mac	_____	_____	_____
<input type="checkbox"/> Powered Speaker	_____	_____	_____
<input type="checkbox"/> Projection Stand	_____	_____	_____
<input type="checkbox"/> Screen (indicate size in comments)	_____	_____	_____
<input type="checkbox"/> Television	_____	_____	_____
<input type="checkbox"/> VHS Player	_____	_____	_____
<input type="checkbox"/> Video Camera	_____	_____	_____
<input type="checkbox"/> Video Monitor	_____	_____	_____
<input type="checkbox"/> Video Recording	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

A/V Comments: _____

Include special information such as lighting needs or labor needs (e.g. AV technician).

E. FOOD & BEVERAGE (F&B)

- Not Required Group To Provide
 Venue To Provide Outside Vendor To Provide

If Not Required, go to Section F. Otherwise, complete the following:

F&B Service Time (US & Military via auto calc): _____

Anticipated Attendance: _____

F&B Guarantee: _____

Set for: _____

Meal Type:

Drop Down Options:

- Continental Breakfast
 Breakfast
 Brunch
 Lunch
 Dinner
 Break
 Reception
 Hospitality
 Other: _____

Service Type:

Drop Down Options:

- Boxed
 Buffet
 Plated
 Other: _____

F&B Menu

Description	Quantity	Price	Per
			<i>Person, gallon, tray, etc.</i>

F&B Comments: _____

Note: This can address dietary requirements, alcohol policies, and other special issues.

F. DÉCOR

- Not Required Group To Provide
 Venue To Provide Outside Vendor To Provide

If Not Required, go to Section G. Otherwise, complete the following:

Decorator Company Name: _____

Décor Instructions/Requests: _____

G. SECURITY

of Keys Required: _____

Key(s) should be: House/Standard Key Re-keyed

Security Required: Not Required Group To Provide
 Venue To Provide Outside Vendor To Provide

If Not Required, go to Section H. Otherwise, complete the following:

Security Company Name: _____

Security Start Time (US & Military via auto calc): _____

Security End Time (US & Military via auto calc): _____

Security Instructions/Requests: _____

H. ACCESSIBILITY

Accessibility/Special Needs Instructions:

I. ENTERTAINMENT/SPEAKER

Entertainment/Speaker: Yes No

If No, go to Section J. If Yes, complete the following:

Speaker Name(s) : _____

Entertainment/Speaker Company: _____

Entertainment/Speaker Instructions/Requests: _____

J. SIGNAGE

Not Required Group To Provide
 Venue To Provide Outside Vendor To Provide

If Not Required, go to Section K. Otherwise, complete the following:

Signage Company: _____

Easel Required: Yes No

Signage Instructions/Requests: _____

K. TRANSPORTATION

Transportation Required: Yes No

If No, go to Section L. If Yes, complete the following:

Transportation Company: _____

Transportation Instructions/Requests: _____

L. SHIPPING/RECEIVING

Shipping/Receiving Required: Yes No

If No, go to Section M. If Yes, complete the following:

Shipping/Receiving/Mail Instructions/Requests: _____

M. UTILITIES

Electrical Connections: Not Required Group To Provide
 Venue To Provide Outside Vendor To Provide

Optional:

Connection Type	Quantity	Price
-----------------	----------	-------

Connection types can include specific service type such as 120 volt (10 amp) service or power strip quad box etc.

Electrical Notes:

Include Electrical needs, description of use and quantity.

Telecommunications Connections:

- Not Required Group To Provide
 Venue To Provide Outside Vendor To Provide

Voice Services

Item	Quantity	Price	Comments
<input type="checkbox"/> Analog Phone Line	_____	_____	<input type="checkbox"/> Long distance <input type="checkbox"/> Restricted <input type="checkbox"/> Other _____
<input type="checkbox"/> Multi-Line Phone Set	_____	_____	_____
<input type="checkbox"/> Single Line Phone Set	_____	_____	_____
<input type="checkbox"/> Speaker Phone	_____	_____	_____
<input type="checkbox"/> Voice Mail Box	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

Data Services

Item	Quantity	Price
<input type="checkbox"/> Internet Connection – Ethernet	_____	_____
<input type="checkbox"/> Internet Connection – Wireless	_____	_____
<input type="checkbox"/> ISDN Line	_____	_____
<input type="checkbox"/> T-1 Line	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

Telecommunications Notes:

Include placement information and other requirements here.

Cleaning Services:

- Not Required Group To Provide
 Venue To Provide Outside Vendor To Provide

Cleaning Contractor: _____

Cleaning Refresh Times and Instructions:

Specify multiple cleaning and refresh times as needed. Also indicated trash removal times if different from refresh times

Other Utilities:

- Not Required Group To Provide
 Venue To Provide Outside Vendor To Provide

Item	Quantity	Price
<input type="checkbox"/> Air (indicate PSI/Pascal: _____)	_____	_____
<input type="checkbox"/> Drain	_____	_____
<input type="checkbox"/> Natural Gas/Propane	_____	_____
<input type="checkbox"/> Water (indicate minimum pressure: _____)	_____	_____
<input type="checkbox"/> Fill & Drain (indicate gallons: _____)	_____	_____
<input type="checkbox"/> Steam	_____	_____

Other: _____

Other Utilities Notes:

--

N. BILLING INSTRUCTIONS

Billing Instructions: _____

Note any instructions that are unique to this function and not covered by information in the narrative.

Organizer Cost Center: _____

PART IIIb – Function Set-up Order (Exhibitor Version)

Date Originated: _____

Date Revised*: _____
 Repeat for additional revisions as necessary.

A. EVENT DETAILS

Event Name: _____

Event Organizer/Host Organization: _____

Contact Name: _____

Contact Phone: _____

B. BOOTH DETAILS

Booth #: _____

Booth Location: _____

Booth Type: 8'x10'
 10'x10'
 Island
 Peninsula
 Perimeter
 Table Top
 Other: _____

Booth Name: _____

Company Name: _____

Key Contact Person for Booth: _____

Booth Start Day/Date: _____
 Booth Start Time (US & Military via auto calc): _____

Booth End Day/Date: _____
 Booth End Time (US & Military via auto calc): _____

Set Up By (US & Military via auto calc): _____

Tear Down No Later than (US & Military via auto calc): _____

C. BOOTH SET-UP

Booth Set-up Diagram Attached: Yes No
 Note: The set-up diagram should indicate A/V placement and electrical needs.

Inventory Needed (list all that apply):

Description	Quantity	Price/Per	Comments

Special Requirements: _____
 e.g. double-decker, floor load

Booth Set-up Comments: _____

D. AUDIO/VISUAL (A/V)

- Not Required Booth To Provide
- Venue To Provide Outside Vendor To Provide

If Not Required, go to Section E. Otherwise, complete the following:

A/V Equipment/Services Needed (choose all that apply):

Item	Quantity	Item Price	Item Detail/Comments
<input type="checkbox"/> 35mm Projector w/ Remote	_____	_____	_____
<input type="checkbox"/> Audio Recording	_____	_____	_____
<input type="checkbox"/> Background Music	_____	_____	_____
<input type="checkbox"/> Blackboard w/ Eraser & Chalk	_____	_____	_____
<input type="checkbox"/> Closed Circuit Video	_____	_____	_____
<input type="checkbox"/> Data Projector	_____	_____	_____
<input type="checkbox"/> Dry Erase Board w/ Eraser & Markers	_____	_____	_____
<input type="checkbox"/> DVD Player	_____	_____	_____
<input type="checkbox"/> Easel	_____	_____	_____
<input type="checkbox"/> Electric Pointer	_____	_____	_____
<input type="checkbox"/> Flipchart & Markers	_____	_____	_____
<input type="checkbox"/> Lectern (standing)	_____	_____	_____
<input type="checkbox"/> Lectern (table)	_____	_____	_____
<input type="checkbox"/> Microphone – Wired Lavalier	_____	_____	_____
<input type="checkbox"/> Microphone – Wired Lectern	_____	_____	_____
<input type="checkbox"/> Microphone – Wired Standing	_____	_____	_____
<input type="checkbox"/> Microphone – Wired Table	_____	_____	_____
<input type="checkbox"/> Microphone – Wireless Lavalier	_____	_____	_____
<input type="checkbox"/> Microphone – Wireless Lectern	_____	_____	_____
<input type="checkbox"/> Microphone – Wireless Standing	_____	_____	_____
<input type="checkbox"/> Microphone – Wireless Table	_____	_____	_____
<input type="checkbox"/> Monitor Cart	_____	_____	_____
<input type="checkbox"/> Overhead Projector	_____	_____	_____
<input type="checkbox"/> Personal Computer – Desktop	_____	_____	_____
<input type="checkbox"/> Personal Computer - Laptop	_____	_____	_____
<input type="checkbox"/> Personal Computer - Mac	_____	_____	_____
<input type="checkbox"/> Powered Speaker	_____	_____	_____
<input type="checkbox"/> Projection Stand	_____	_____	_____
<input type="checkbox"/> Screen (indicate size in comments)	_____	_____	_____
<input type="checkbox"/> Television	_____	_____	_____
<input type="checkbox"/> VHS Player	_____	_____	_____
<input type="checkbox"/> Video Camera	_____	_____	_____
<input type="checkbox"/> Video Monitor	_____	_____	_____
<input type="checkbox"/> Video Recording	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

A/V Comments: _____

E. FOOD & BEVERAGE (F&B)

- Not Required Booth To Provide
- Venue To Provide Outside Vendor To Provide

If Not Required, go to Section F. Otherwise, complete the following:

F&B Service Time (US & Military via auto calc): _____

Anticipated Attendance: _____

F&B Guarantee: _____

Set for: _____

Meal Type: *Drop Down Options:*
 Continental Breakfast
 Breakfast
 Brunch
 Lunch
 Dinner
 Break
 Reception
 Hospitality
 Other: _____

Service Type: *Drop Down Options:*
 Boxed
 Buffet
 Plated
 Other: _____

F&B Menu

Description	Quantity	Price	Per
			<i>Person, gallon, tray, etc.</i>

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

F. DÉCOR

Not Required Booth To Provide
 Venue To Provide Outside Vendor To Provide
If Not Required, go to Section G. Otherwise, complete the following:

Exhibitor Appointed Contractor: _____ (include company name and contact information)

Décor Instructions/Requests: _____

G. 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 H. Otherwise, complete the following:

Security Company Name: _____

Security Start Time (US & Military via auto calc): _____

Security End Time (US & Military via auto calc): _____

Security Instructions/Requests: _____

H. ACCESSIBILITY

Accessibility/Special Needs Instructions:

I. ENTERTAINMENT/SPEAKER

Entertainment/Speaker: Yes No
If No, go to Section J. If Yes, complete the following:

Speaker Name(s) : _____

Entertainment/Speaker Company: _____

Entertainment/Speaker Instructions/Requests: _____

J. SIGNAGE

Signage Instructions/Requests: _____

K. MATERIAL HANDLING

Shipping/Receiving Required: Yes No

Customs/Brokerage: Yes No

Shipping Information:

To	From	Sender	Venue

Shipping to Show Carrier: _____
(Include Company name, address, contact, phone, fax and e-mail.)

Shipping from Show Carrier: _____
(Include Company name, address, contact, phone, fax and e-mail.)

Material Handling Instructions: _____
(Specify fragile, oversized etc.)

L. UTILITIES

Electrical Connections: Not Required Group To Provide
 Venue To Provide Outside Vendor To Provide

Optional:

Connection Type	Quantity	Price

Connection types can include specific service type such as 120 volt (10 amp) service or power strip quad box etc.

Electrical Notes:

Include Electrical needs, description of use and quantity.

Telecommunications Connections: Not Required Group To Provide
 Venue To Provide Outside Vendor To Provide

Voice Services

Item	Quantity	Price	Comments
<input type="checkbox"/> Analog Phone Line	_____	_____	<input type="checkbox"/> Long distance <input type="checkbox"/> Restricted <input type="checkbox"/> Other _____
<input type="checkbox"/> Multi-Line Phone Set	_____	_____	_____
<input type="checkbox"/> Single Line Phone Set	_____	_____	_____

- Speaker Phone _____
- Voice Mail Box _____
- Other: _____

Data Services

Item	Quantity	Price
<input type="checkbox"/> Internet Connection – Ethernet	_____	_____
<input type="checkbox"/> Internet Connection – Wireless	_____	_____
<input type="checkbox"/> ISDN Line	_____	_____
<input type="checkbox"/> T-1 Line	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

Telecommunications Notes:

Include placement information and other requirements here.

- Cleaning Services:**
- Not Required
 - Venue To Provide
- Group To Provide
 - Outside Vendor To Provide

Cleaning Contractor: _____

Cleaning Refresh Times and Instructions:

Specify multiple cleaning and refresh times as needed. Also indicated trash removal times if different from refresh times

- Other Utilities:**
- Not Required
 - Venue To Provide
- Group To Provide
 - Outside Vendor To Provide

Item	Quantity	Price
<input type="checkbox"/> Air (indicate PSI/Pascal: _____)	_____	_____
<input type="checkbox"/> Drain	_____	_____
<input type="checkbox"/> Natural Gas/Propane	_____	_____
<input type="checkbox"/> Water (indicate minimum pressure: _____)	_____	_____
<input type="checkbox"/> Fill & Drain (indicate gallons: _____)	_____	_____
<input type="checkbox"/> Steam	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

Other Utilities Notes:

N. BILLING INSTRUCTIONS

Booth is tax-exempt: Yes No

Tax-Exempt ID#: _____

Authorized Signatories: _____

Booth Cost Center: _____

Send Final Bill To:

Company Name: _____
 Address: _____
 City, State, Postal Code, Country: _____
 Contact Person: _____

Title: _____
Phone: _____
Fax: _____
Email: _____

Method of Payment:

Purchase Order, Credit Card Type, Master Account, etc.

Method of Payment #:

PO #, Credit Card # with expiration date, Master Account #

Billing Instructions: _____

Note if any aspect of the function is complimentary and the responsible party.