



Corporate Meeting Space Request Form

Company/Organization: _____

Contact Person: _____ E-mail: _____

Telephone: (_____) _____ Fax: (_____) _____ Cell: (_____) _____

Event Name: _____

Meeting Date(s) *: _____

*Please submit separate forms for **each** event.*

Start Time* : _____ End Time*: _____

** Meeting space will NOT be assigned during show hours. (10 a.m. – 5 p.m., Sept. 26-29, 2010)*

Location preference: ___ Convention Center ___ Las Vegas Hilton ___ Other: _____

Room Set-Up: _____ Expected Attendance: _____
(i.e., Theatre, Conference, Hollow Square, Classroom, Cocktail, Rounds, Other)

Is this event a Press Conference? () yes () no

Should extensive A/V or set-up requirements be considered when assigning space? () yes () no

Please explain A/V requirements: _____

Hotel Sleeping Room Block Requirements (if applicable):

Please attach written request with dates and number of rooms required per night.

(Example- Sept. 23: Eighteen (18) rooms; Sept. 24: Twenty (20) rooms; Sept. 25: Eighteen (18) rooms)

All requests are subject to the approval of the IBIE Committee, and are on a first-come, first-served basis.

IBIE will not accept any charges in conjunction with this event. The contact named above is responsible for all charges. The venue contact(s) may accept changes to attendance estimates, but changes to date, time or room assignments must be made in writing to the IBIE Committee.

Signature _____ Date Submitted: _____

IBIE reserves the right to reassign meeting space as necessary.

Please return:

Via Fax: (202) 898-1164

OR Via Mail: Karin Soyster
IBIE 2010
American Bakers Association
1300 I Street, NW, Suite 700 West
Washington, DC 20005 USA

Info:

www.IBIE2010.com
ksoyster@americanbakers.org
(202) 789-0300 x118

IBIE OFFICE USE ONLY:

Received: _____

Assignment: _____