



## Irrigation Association MEETING REQUEST FORM

The Irrigation Association is pleased to coordinate function space needs for special events, meetings and activities requested by industry related groups and/or exhibitors of the 2017 Irrigation Show. To request function space, please complete and return this form to the Irrigation Association on or before **Friday**, **July 28**, **2017** for **each** function date and time requested. The information you provide on this form will be forwarded to your preferred facilities. We ask that you not contact the Orange County Convention Center or the designated conference hotels directly as they will refer all inquiries back to the Irrigation Association. If you have questions, please contact Sara Wiltshire, 703-536-7080 or <u>sarawiltshire@irrigation.org</u>.

## SECTION 1. Company/Organization responsible for function

Company/Organi				
				Zip
ECTION 2. Function	<b>Room Information</b>			
Meeting Name				
Date	Start Time	End Time	Anticipate	ed # of Guests
	heck all that apply.)	□Reception □Hospital	ity Staff Office	□ Meeting □ Presentation
Room Set-Up	Conference	Reception □Rounds □	Theater DOther_	
	County Convention C Centre Hotel	choices (1=highest, 5=lowest Center Roser Double	Inn at Pointe Orla	ndo tel Orlando at SeaWorld
<ul> <li>Opening N</li> </ul>	light Party: Tuesday, I rs: Wednesday, Nov.	Nov. 7 from 7:00 p.m. – 9:00	p.m. n. & Thursday, Nov	nce <b>except</b> during the followin . 9 from 11:00 a.m. – 5:00 p.m

**SECTION 3. Terms** – Function rooms will be assigned on a first come, first served basis and will be based on space availability at the chosen facilities for industry related groups and/or exhibitors only. The person listed above will be contacted by the personnel at the chosen facilities to secure room assignment, menus and pricing. All necessary arrangements for the function will be made by the contact person listed above and the assigned facility personnel. All costs associated with your function will be the responsibility of the company/organization designated on this form (i.e. room rental, food and beverage, AV, setup, etc.). It is understood that a duly authorized representative of the organization sponsoring the function will be responsible for settling the account with the catering department of the facility assigned. **The Irrigation Association reserves the right for final approval of each function space request, and the Irrigation Association is not responsible for any costs associated with this function.** 

Acceptance of Terms: \_

(Signature of contact person - required)

## Please keep a copy for your records. Return form by 7/28/17 to:

Irrigation Association, Attention: Sara Wiltshire. Fax: 703-536-7019; Email: sarawiltshire@irrigation.org

Questions: 703-536-7080, sarawiltshire@irrigation.org

For IA use only: Received//	Sent to Facility(ies)	_//	Time
Confirmed Space: Facility	Room	_ Date	
Comments			