



DATE REQUEST FORM



FREDERICKSBURG EXPO & CONFERENCE CENTER

CELEBRATE VIRGINIA

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PLEASE FILL OUT THE INFORMATION BELOW AND RETURN TO THE FREDERICKSBURG EXPO & CONFERENCE CENTER

This form in no way constitutes a contract for a date and/or space rental

Event Name: _____

Description of Event: _____

Promoter: _____ Contact: _____

Address: _____

No PO Boxes

City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Date(s) Requested	Times	Move In	Move Out	Show Day
		Please Check off the type of day		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please fill out one form for each event

Check one:

____ Public or ____ Private Event • Est. Attendance _____ • Sq Feet Required: _____

Type of Space: ____ Exhibit Hall ____ Ball Room ____ Meeting Room

Is this a first time event? Yes / No If No, where has it been previously held? _____

Do you have additional Food and Beverage needs other than Concessions - Yes / No

If Yes, Please indicate _____

Will event utilize a Booth Set Up (Pipe & Drape) Yes / No - If Yes How many? _____

This event requires: Please check all that apply:

____ Electric ____ Air ____ Water ____ Internet ____ Booth Set-up ____ Telecom ____ Theater/Classroom Seating

Additional Comments: _____

Thank You for your interest. A Sales Rep will contact you. Return with Reference Sheet.

Www.FredericksburgExpoCenter.com

Fredericksburg Expo & Conference Center
2371 Carl D. Silver Parkway • Fredericksburg VA 22401
540-548-5555 X105 • Fax 540-548-0552 • lcassel@feacc.com



Reference Sheet

PLEASE FILL OUT THE INFORMATION BELOW AND RETURN TO THE FREDERICKSBURG EXPO & CONFERENCE CENTER ALONG WITH THE DATE REQUEST FORM. **Only Completed Applications will be considered.**

Business / Corporate Name _____ d/b/a (Trade Style _____)

Physical Address _____ Billing Address: _____

City _____ STATE _____ Zip _____ City _____ STATE _____ Zip _____

Phone Number: _____ Fax Number: _____

COMPANY PROFILE

_____ Corporation _____ Partnership _____ Limited Partnership _____ Proprietorship _____ Franchise

Parent Company Name (if applicable) _____

Address: _____

City _____ STATE _____ Zip _____

Officers or Principals

Name _____	Title _____	SS# _____	Phone # _____ - _____ - _____
Name _____	Title _____	SS# _____	Phone # _____ - _____ - _____
Name _____	Title _____	SS# _____	Phone # _____ - _____ - _____

CREDIT REFERENCES: Media/Trade References

Name _____	Name _____	Name _____
Street _____	Street _____	Street _____
City _____ St _____ Zip _____	City _____ St _____ Zip _____	City _____ St _____ Zip _____
Phone Number _____	Phone Number _____	Phone Number _____

Signature of Owner or Officer _____ Title _____ Date _____

Print Name on Signature line _____

Thank You for your interest. A Sales Rep will contact you. Return with Date Request Sheet.