

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 2018 Irrigation Show and Education Conference. To request function space, please complete and return this form to the IA on or before **Sept. 1** 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 Long Beach Convention and Entertainment Center or the designated conference hotels directly as they will refer all inquiries back to the IA. If you have questions, please contact Sara Wiltshire at **sarawiltshire@irrigation.org** or 703.536.7080.

Section 1. Company/Organization Responsible for Function

Contact Person Res	ponsible for Logistics				
Company/Organizat	ion				
Address		City		State	Zip
Telephone ()	Fax ()	Email		
Section 2. Fund	tion Room Informat	tion			
Meeting Name					
Date	Start Time	End Time	Anticipated #	# of Guests	
Function Type (Chec Breakfast	ck all that apply.) I Lunch 🛛 Dinner 🔲	Reception 🗆 Hos	pitality 🛛 Staff Office	e 🗆 Meeting	□ Presentation
Room Set-Up	□ Conference □ Rece	eption 🗆 Rounds	□ Theater □ Oth	her	
Long Beach	ank your four top choices Convention and Entertai ncy Long Beach (HQ hote	inment Center _	•		Vestin Long Beach
 opening night show hours: W keynote addre general sessio 	ay occur throughout the party: Tuesday, Dec. 4, 7 /ednesday, Dec. 5, 10:00 ss: Wednesday, Dec. 5, 8 n: Thursday, Dec. 6, 8:45 ception in exhibit hall: Th	2:00 p.m9:00 p.m. a.m5:00 p.m. and 3:45 a.m9:45 a.m. a.m10:15 a.m.	Thursday, Dec. 6, 10:30		
at the chosen facilities personnel at the cho- will be made by the of be the responsibility It is understood that the account with the	IS – Function rooms will be the for industry-related groups of facilities to secure ro contact person listed about the company/organiz a duly authorized repres catering department of the IA is not responsible	oups and/or exhibit oom assignment, me ove and the assigned ation designated on centative of the orga the facility assigned	ors only. The person lis enus and pricing. All ne d facility personnel. All this form (i.e., room ren nization sponsoring the I. The IA reserves the I	ted above will be cessary arranger costs associated ntal, food and be e function will be right for final ap	e contacted by the ments for the function I with your function will everage, AV, setup, etc.). responsible for settling
Acceptance of Terr	ns:	(0)			
			ture of contact person – re		
Irrianti	Keep a cop on Association, Attentior		and return form by Se	•	rightion org
ingati			arawiltshire@irrigatio	-	igation.org

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