

EMS World Expo Affiliate Group Functions

Please complete one form for each function requested.

Submit the completed form along with credit card payment information to Kristen Brahier at kbrahier@hmpglobal.com. All forms must be received by July 12, 2024. Confirmation email will be sent when event/space is approved. Credit card will be processed at that time. If function is canceled, fees are non-refundable.

Please Note: Affiliate group functions are generally not allowed to be scheduled during educational sessions.

Company Information:					
Company Name:	Contact Name:				
Address:					
City, State, Zip:					
Telephone:					
Description of Event:					
Name of Meeting/Event:					
Type of Function:	☐ Meeting		ther		
Number of Attendees:					
Room Set: ☐ U-shape	☐ Hollow Squ	are 🗆	Conference		☐ Other
Will You Require Catering	g: 🗆 Yes 🏻 I	□No	This information	will be used to assist i	n determining your space needs.
Will You Require AV:	□ Yes [⊐ No	This information v	vill be used to assist ii	n determining your space needs.
Date:			Time:		
o Monday, September 9 o Tuesday, September 10 o Wednesday, September 11 o Thursday, September 12 o Friday, September 13					AM / PM AM / PM
	Meeting Space Fees:				
	1/2 (day - \$500	D Ful	l day - \$1000	
	•			udio video equipmen ovided upon receipt	- I
Payment Method:					
Select credit card type:	□ VISA □ N	/lasterCar	d 🗆 AMEX	☐ Discover	
Credit Card #				Exp. Date:	Security Code:
Name on Card:					
Billing Address:					
Authorized Signature:					
Show Management Only:					
Date Received:	ived: Approval:			Fee:	Room: