



Hospitality Suite / Meeting Room RESERVATION REQUEST FORM

DEADLINE: March 1, 2025

Please complete the following if you would like to reserve a Hospitality Suite / Meeting Room:

Exhibiting Company Name: _____ Booth #: _____

Name of Event: _____

Description/Purpose of Event: _____

Organizing Contact: _____ On-site Contact: _____

Telephone: _____

Email: _____

Would you like ASME to include this event in the Final Program? (If yes, final event information will be required by April 1): _____ YES _____ NO

Rooms and hospitality suites are available for rent for any official exhibiting/sponsoring company. To request a proposal, please complete the basic information below and return the request. Please note all requests are subject to approval by Turbo Expo organizers.

Preferred Date	Preferred Time	Preferred Property	Room Type
<input type="checkbox"/> Monday	_____	<input type="checkbox"/> Conference Center	<input type="checkbox"/> Meeting Room
<input type="checkbox"/> Tuesday	_____	<input type="checkbox"/> Hotel	<input type="checkbox"/> Hospitality Suite
<input type="checkbox"/> Wednesday	_____		<input type="checkbox"/> Other _____
<input type="checkbox"/> Thursday	_____		
<input type="checkbox"/> Friday	_____		

Function Type	Catering Requirements	Number Expected
<input type="checkbox"/> Standing Reception	<input type="checkbox"/> Buffet - Standing	<input type="checkbox"/> Less than 10
<input type="checkbox"/> Sit-Down Lunch or Dinner	<input type="checkbox"/> Buffet - Sitting	<input type="checkbox"/> 10-20
<input type="checkbox"/> Private Meeting	<input type="checkbox"/> Sit Down Meal	<input type="checkbox"/> 21-50
<input type="checkbox"/> Product Demo	<input type="checkbox"/> Light Refreshments	<input type="checkbox"/> 50-100
	<input type="checkbox"/> No Catering Required	<input type="checkbox"/> More than 100

Room Set: Classroom Theater U-Shape Other _____

Please identify required AV:

- Laptop Computer LCD Projector
- Podium Microphone (Type): _____
- Screen Other: _____

Special Notations/Requests: _____

I understand that by signing this form, _____, (Company) will abide by the Exhibitor policies and procedures as laid out in the exhibitor contract.

Please sign here: _____

Date: _____

RETURN THIS FORM VIA EMAIL TO:
ASME Turbo Expo Affiliate Meeting Requests
Email: igtiprogram@asme.org