

Capital Convention Contractors RFP Information Form

Client Information

Name of Event: _____

Company/Organization: _____

Contact Person: _____

Mailing/Billing Address: _____

City/State/Zip Code: _____

Telephone #: _____ Fax #: _____

Email Address: _____ Website Address: _____

Facility Information

Name of Facility: _____

Facility Contact Person: _____

Facility Mailing Address: _____

City/State/Zip Code: _____

Telephone #: _____ Fax #: _____

Email Address: _____ Website Address: _____

Event Information

Check One: Trade Show Consumer Show Corporate Event

Capital Set Up Date/Time: _____

Exhibitor Move In Date/Time: _____

Show Dates/Times: _____

Exhibitor/Capital Breakdown Date/Times: _____

Please check the required booth furnishings: 8' drape 3' drape Booth Size: _____ Table
Table Size _____ Skirted Chairs Wastebasket ID Sign Other _____

Registration Requirements: Counters w/Headers Graphic Kick Panels Tables Size _____ Skirted
Padded Chairs Barstools Wastebaskets Drape Drape Size _____

Masking Drape Requirements: 3' high 8' high 16' high Other _____

Carpet Requirements: Aisle Carpet Wall to Wall Carpet Carpet Color _____

Graphics/ MIS Requirements: Aisle Signs Meter Directional Panels 22"x28" Signs 28"x44" Signs
Entrance Way Unit Other _____

Material Handling Requirements

Show Management Freight Estimated Amount of Show Management Weight: _____

Exhibitor Freight with the Show Estimated Amount of Freight in Pounds: _____

Labor Requirements

Show Management Labor Needed?

Additional Requirements/Notes: